MARYLAND STATE DEPARTMENT OF HEALTH

01346

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Townsend Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) John (Last) Amstein
4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feby 3/1913
9. AGE last birthday: 39 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plaster
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter Trade
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Amstein
14. MOTHER'S MAIDEN NAME: Catherine Mullhausen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 215-05-4405
17. INFORMANT AND ADDRESS: Hilda Amstein (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY 2-9-52 3½ p | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. McCormick M.D. (Degree or title) — ADDRESS: Medical Examiner Balto Co. Dundalk 22 Md. — DATE SIGNED: 2/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/12/52 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county): Balto (State): Md.

DATE REC'D BY LOCAL REG.: 2-11-52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

JT

Item 18 Film G142 4-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01347

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) E. (Last) Arrington

4. DATE OF DEATH: (Month) (Day) (Year) February 16 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-7-97

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): Sykesville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Arrington

14. MOTHER'S MAIDEN NAME: Clara Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Clinical Record, VET. ADM. HOSP., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CARDIAC FAILURE	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic cardio vascular disease. (4-22-52 ams)	abt. 6yrs.
	(c) DUE TO	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to Feb. 16, 1952, [illegible] and that death occurred at 3:55 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Gilbert M. Hoffman, M.D. — Veterans Administration Hospital, Ft. Howard, Md. — 2-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 19 1952 — NAME OF CEMETERY OR CREMATORY: Springfield Cemetary — LOCATION (City, town, or county) (State): Sykesville, Maryland

DATE REC'D BY LOCAL REG. 2-18-52 — REGISTRAR'S SIGNATURE: Lawson Garber

24. FUNERAL DIRECTOR ADDRESS: Weer and Haight, Sykesville, Md.

RECEIVED
FEB 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01348

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 W. Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 18 W. Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) A. (Last) ASCHERFELD

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 19, 1864

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired General Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Ascherfeld

14. MOTHER'S MAIDEN NAME: Elise Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. T. H. Ascherfeld - Boyce Ave. Ruxton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 24 hrs

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Subacute bronchitis — 6 days

(c) Arterio-sclerotic C-V disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1952, to 2/22, 1952, that I last saw the deceased alive on 2/22, 1952, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jno. H. Selbach, M.D. 200 W. Penna. Ave Towson Md 2/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/25/52 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE: LL

24. FUNERAL DIRECTOR: Wm. J. Pickerner & Sons ADDRESS: Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

01349

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5553 Oregon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 5553 Oregon Ave.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Irving (Last) Atkinson

4. DATE OF DEATH (Month) (Day) (Year): Feb 21, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 26, 1889

9. AGE last birthday: 62 yrs.

If under 1 year: Months 5 Days 25

If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Albrecht Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Atkinson

14. MOTHER'S MAIDEN NAME: Hannah Hildebrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Urvasi M. Atkinson 5553 Oregon Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis.	2 Months.
420.1	(c) arteriosclerosis	1 year.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1940, to Feb 21, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 11:5 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Egbert H. Mortimer Jr. Med. ADDRESS: 2706 St Paul St DATE SIGNED: 2/22/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Feb. 25, 1952 NAME OF CEMETERY OR CREMATORY: Westview LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG.: 2/27/52 REGISTRAR'S SIGNATURE: C. W. Hedrick MD

24. FUNERAL DIRECTOR: J. A. Cole ADDRESS: 1913 W. Baltimore St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 36 — 1350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place): 1 yr. 11 mths. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1400 W. Lexington St.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) BANKS

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Banks

14. MOTHER'S MAIDEN NAME: Rebecca Godwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cachexia	4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Osteogenesis imperfecta	unknown
	DUE TO (c)	Generalized arteriosclerosis	unknown

450.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-50, to 2-3-52, that I last saw the deceased alive on 2-3-52, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE David J. Phillips, M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital DATE SIGNED 2-3-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 2/6/52 — NAME OF CEMETERY OR ~~CREMATORY~~ All Saints — LOCATION (City, town, or county) (State) Reisterstown Md.

DATE RECD BY LOCAL REG. 2/5/52 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. Cook Inc. — ADDRESS 217 St. Paul St.

DMR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..... 11358 X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30

STREET ADDRESS (If rural, give location): 636 S. Fremont Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
WILLIAM (NMI) BARLOW	February 9 1952	Male	Colored	Married	4-13-17	34 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer - Contractor		Petersburg, Virginia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Winfield Barlow	Lula Enons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWII	224-12-2520	Clin.Rec., Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) HYPERTENSION	UNKNOWN
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 8, 19 52, to Feb. 9, 1952, [redacted] and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

THOMAS C. STANSBURY, JR., M. D. — VAH, FORT HOWARD, MARYLAND — 2-11-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/52	U.S. national	Hopewell, Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/12/52	A. Diedrick	Charles A. Rice	661 W. Barre Street, Baltimore, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24
STREET ADDRESS (If rural, give location): 638 S. Lehigh Street

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) R. (Last) BARTHOLOW

4. DATE OF DEATH: (Month) (Day) (Year) February 13 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	8-8-94	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oiler	Refinery Co.	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Harry C. Bartholow

14. MOTHER'S MAIDEN NAME: Jenney Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WW I	212-10-1403	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INFARCTION, DURATION UNKNOWN	
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CORONARY ARTERIOSCLEROSIS, DURATION UNKNOWN	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Dec. 23, 1951, to Feb. 13, 1952, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE George Lerner, M.D. (DEGREE OR TITLE) ADDRESS VAH, Ft. Howard, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-15-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/14/52	A W Heller	Howard Blight Funeral Home 6009 Harford Road, Baltimore, Md. Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01353

39

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Moorton | LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Corbett Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Moorton
STREET ADDRESS (If rural give location) Corbett Rd.

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) Harrison (Last) Baublitz
4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1952
5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec 21, 1907 | 9. AGE last birthday 44 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (State or foreign country) Balto Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard Baublitz | 14. MOTHER'S MAIDEN NAME Mary Alice Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 212-18-2641 | 17. INFORMANT Mrs. Rose Baublitz, Moorton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Feb., 1952, that I last saw the deceased alive on Feb. 7, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Benjamin D. Siegel M.D. | 15 Freeway Rd, Pikesville Md | Feb. 8 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 10, 1952 | NAME OF CEMETERY OR CREMATORY Falls rd. Chapel | LOCATION (City, town, or county) Sparks, Balto. | (State) Md.

DATE REC'D BY LOCAL REG. 2-9-52 | REGISTRAR'S SIGNATURE Mrs. Elizabeth Gorsuch | 24. FUNERAL DIRECTOR L. Scott Brooks | ADDRESS Sparks, Md.

VS: A15

FEB 3 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1354

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville - 8 -
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred: 320 Church Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Pikesville - 8 -
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 320 Church Lane
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: CHARLOTTE ANN BECK

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Benjamin F. Beck
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 6, 1870

8. AGE: Years: 81 | Months: 10 | Days: | If less than one day: hrs min.

9. Birthplace: Centerville Queen Anns Co. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Thomas Ruth Emory
13. Birthplace: Centerville, Md.
14. Maiden name: Frances Wright
15. Birthplace: Centerville, Md.

16. Informant: Mrs. Morris Harden
Address: 320 Church Lane, Pikesville 8, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 18, 1952 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18. Funeral director: Wm. J. Pickner & Sons
Address: North & Pa. Aves., Balto., Md.

19. 2-18-52 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 15 19 52 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1947 to February 15 1952 and that I last saw h-er alive on February 7 1952

	INTERVAL
Immediate cause of death: Coronary Occlusion	2 wks
Due to: Arteriosclerotic cardiovascular disease	16 yrs
Due to:	
Other conditions: 4251 (Include pregnancy within 3 months of death)	

Major findings of operation: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Millard T. Trabard M.D.
Address: 3400 Woodbine La. Balto. 15 Md. Date signed: 2-18-52

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01355

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY BALTIMORE, 6 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson PC BALTIMORE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS LOCUST, SEVERN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) LOCUST, SEVERN AVE

3. NAME OF DECEASED (Type or Print) (First) DIEDRICH (Middle) CARL (Last) BEHRENS

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH SEPT. 22, 1894

9. AGE last birthday 57 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LITHOGRAPHER

10b. KIND OF BUSINESS OR INDUSTRY ART—LITHO

11. BIRTHPLACE (State or foreign country) GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME KARL BEHRENS

14. MOTHER'S MAIDEN NAME MATHILDA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 212-09-9672

17. INFORMANT MARIE A. ~~WIFE~~ BEHRENS SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION

420 0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to....., 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE Joseph Lawrence (Degree or title) M.D. ADDRESS 30 Cleveland Rd, #20 DATE SIGNED 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE FEB. 7, 1952 NAME OF CEMETERY OR CREMATORY OAK LAWN CEM. LOCATION (City, town, or county) 7225 EASTERN BLVD. (State)

DATE REC'D BY LOCAL REG. 2/6/52 REGISTRAR'S SIGNATURE A W Pedrick

24. FUNERAL DIRECTOR Charles L. Zeller ADDRESS 901 S. CONKLING ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 71 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeys Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) Cockeys Mill Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Summerville (Last) Benson

4. DATE OF DEATH: (Month) February (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 20 1881

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction wrk

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Benson

14. MOTHER'S MAIDEN NAME: Ida Gore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 229-05-0297

17. INFORMANT AND ADDRESS: Mrs George S Benson Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 12X

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1- 48, to 2-22-52, that I last saw the deceased alive on 2-22-52, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jerry D Sutcliffe M.D. Reisterstown Md. 2/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 25 1952

NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

LOCATION (City, town, or county) (State): Reese Md

DATE REC'D BY LOCAL REG. 2-24-52

REGISTRAR'S SIGNATURE: Mary B. Elvin

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons Reisterstown Md

VS. A15

RECEIVED
FEB 26 1952
BUREAU V. S.

Item 9 Film gl39 2/4 a2 phg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 11,557

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2007 E. Hoffman Street

3. NAME OF DECEASED: (Type or Print) (First) AIEXANDER (Middle) C. (Last) BERGER

4. DATE OF DEATH: (Month) February (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-31-96

9. AGE last birthday: 55 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Worker

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Berger

14. MOTHER'S MAIDEN NAME: Laura Lee White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-18-5894

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CIRRHOSIS OF LIVER WITH ESOPHAGEAL VARICES	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) PULMONARY INFILTRATION, CAUSE UNKNOWN	2 months
	DUE TO (c)	

581.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan.4, 19 52, to Feb.18, 1952 [redacted], and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Irving Freeman
IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 2-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** 2/ 23/52 — **NAME OF CEMETERY OR CREMATORY:** Baltimore National — **LOCATION** (City, town, or county) (State): Baltimore, Maryland

DATE RECD. BY LOCAL REG. 2/21/52 — **REGISTRAR'S SIGNATURE** A.W.Hedrich DMR

24. FUNERAL DIRECTOR — ADDRESS: Clarence F. Hoffmann Funeral Home, 1639 N. Broadway, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01358

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (In this place): 2 yrs. 8 mo. 3d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 717 S. Ellwood Avenue

3. NAME OF DECEASED (Type or Print): (First) Incoronata (Middle) (Last) Berna
4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 192

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 7, 1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?: unknown

13. FATHER'S NAME: Nicholas Marchesano
14. MOTHER'S MAIDEN NAME: Louise Molino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Luisa Tana (daughter) 801 S. Ellwood Ave. Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular disease

(c) Fractured Left Hip

103.7

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: hospital | (CITY OR TOWN): Falling to floor | (COUNTY): Catonsville | (STATE): Balto Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 4, 52 7 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?: falling to floor injury to hip

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Jos J McKiernan Jr Dept Balto | ADDRESS: 1010 Leadenhall | DATE SIGNED: Feb 6, 52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF: Feb 9 1952 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): 4430 Belair Rd.

DATE REC'D BY LOCAL REG.: 2/8/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Frank Dellorusso | ADDRESS: 322 S. High St.

Dark.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

01359

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 22 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Glenmore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 205 Glenmore Ave

3. NAME OF DECEASED (Type or Print): (First) AMY (Middle) THERESA (Last) BERRY

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 8/24/1867

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James John Joseph Bates

14. MOTHER'S MAIDEN NAME: Margaret Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. K. W. Schlitz 205 Glenmore Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 Y. 0.

42 .2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anaemia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) O

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) O m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 14, 52 Feb, 15 52, to ....., 19....., that I last saw the deceased alive on Feb, 14, 1952, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE: J. Hoyt Johnson (Degree or title) MD

ADDRESS 6348 Frederick Road. Catonsville Md.

DATE SIGNED Feb/16,52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial

DATE THEREOF 2/18/52

NAME OF CEMETERY OR CREMATORY Evergreen Cem

LOCATION (City, town, or county) (State) Brooklyn, Md

DATE REC'D BY LOCAL REG. 2-17-52

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville, Md

From Catonsville

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]360

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) Nov 27, 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jamel, Md. RFD
STREET ADDRESS (If rural, give location) Box 533

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) JOHN (Last) BERTLING

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 19 52

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	unknown	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): former
10b. KIND OF BUSINESS OR INDUSTRY: tobacco farm
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? USA ?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service: unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Mrs Mary Bertling, Jamel Md RFD1, Box 533

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia; Pulmonary Atelectasis and edema	unkn.
3347 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Arteriosclerosis mild	unkn.
	DUE TO (c) Generalized Arteriosclerosis mild	unkn.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Benign nephrosclerosis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

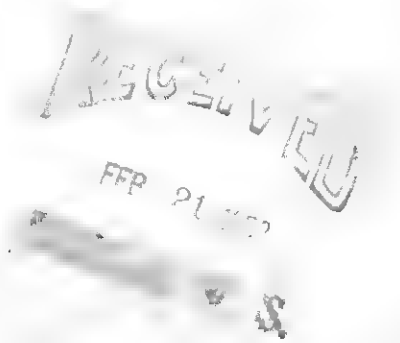
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 27, 1951, to Feb 18, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE Jack E. Reist M D (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp DATE SIGNED Feb 18, 52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/52	Fort Lincoln	Wash D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/19/52	V E Harry	Bridgley Selby	401 Washington



REPLACEMENT CERTIFICATE FILED 4-7-52 Film ... a.s

(M)

CORRECTED COPY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 013614

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural, give location): 1434 Harlem Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) FRENCH (Middle) (NMI) (Last) BETHEA

4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	8-12-93	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stevedore Laborer		Dillon, South Carolina	USA

13. FATHER'S NAME: Mingo Bethea

14. MOTHER'S MAIDEN NAME: Harriett Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I ✓	214-22-9417	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY GEOTRICHOSIS — UNKNOWN

1345

DUE TO
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 11, 1951, to Feb. 1, 1952, XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, and that death occurred at 3:42 P. m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett (DEGREE OR TITLE) ADDRESS — DATE SIGNED
JACK M. BURNETT, M. D. — VAH, FORT HOWARD, MARYLAND — 4-2-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 5, 1952	Arbutus Memorial Park	1827 W. North Ave., Baltimore Md.

DATE REC'D BY LOCAL REG.: 2/5/52 — REGISTRAR'S SIGNATURE: A. W. Hedrich II

24. FUNERAL DIRECTOR: Mrs. George H. Holland Funeral Home — ADDRESS: 1631 Druid Hill Ave., Baltimore, Md.

(I)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01562

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY 325 Lorraine Ave. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 325 Lorraine Ave.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Bialek (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan 25 01 | 9. AGE last birthday: 51 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Bialek
14. MOTHER'S MAIDEN NAME: Gink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Marie Bialek

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 10 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to Feb 24, 1952, that I last saw the deceased alive on Feb 23, 1952, and that death occurred at 2:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph Mucha MD 422 Eastern Ave Balto 24 Md 2/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Feb 27 52 | Holy Cross | Baltimore

DATE REC'D BY LOCAL REG. 2-25-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR (ADDRESS)
Fred M Ozazewski
1930 Eastern Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 700 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) ELIZABETH (Last) BIEN

4. DATE OF DEATH: (Month) Feb. (Day) 29 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Mar. 3, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Glady

14. MOTHER'S MAIDEN NAME: Laura Edell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. J. R. Bien - 726 Edgewood St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arterio Sclerosis — years

(c) Antrial Ly Partterenus — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic arthritis & Diabetes — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from many years to Feb 29, 1952 that I last saw the deceased alive on Feb 28, 1952 and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr E E Nichols Pikesville, Md Feb 29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 3/3/52; NAME OF CEMETERY OR CREMATORY: Loudon Park; LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2/29/52; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Vickers & Son; ADDRESS: Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

41664

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Sudbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 225 Sudbrook Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) T. (Last) BLANN

4. DATE OF DEATH (Month) Feb. (Day) 3, (Year) 19 52

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Oct. 10, 1871

9. AGE last birthday 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Laundry

11. BIRTHPLACE (State or foreign country) Junk.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arthur Blann

14. MOTHER'S MAIDEN NAME Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mr. G. Raymond Blann 225 Sudbrook Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio sclerosis.	
	(c) Bronchiectasis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 2/3, 19 52, that I last saw the deceased alive on 2/3, 19 52, and that death occurred at 8 — a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H W Hedrick MD 2020 N. Charles St 2/4/52

23. BURIAL, CREMATION REMOVAL. (Specify) Burial

DATE THEREOF 2/5/52

NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/5/52

REGISTRAR'S SIGNATURE H W Hedrick MD

24. FUNERAL DIRECTOR Wm. J. Tuckner & Son Inc. ADDRESS Dials Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01365

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Towson — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1605 Thetford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1605 Thetford Road

3. NAME OF DECEASED (Type or Print): (First) Colert (Middle) Germain (Last) Boarman

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower — 8. DATE OF BIRTH: Feb 22 - 1883 — 9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Credit Investor — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Altoona, Pena. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Boarman — 14. MOTHER'S MAIDEN NAME: Emma Lasnave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 214-01-5409 — 17. INFORMANT: Mrs F. Krall - 1605 Thetford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastasis

1537 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Sigmoid Colon

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1951, to Feb 17, 1952, that I last saw the deceased alive on Feb 12 52, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis J. McGrath 8358 Loch Raven Blvd 2/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial 2-21-52 Holy Redeemer Balto Md

DATE REC'D BY LOCAL REG. 2/19/52 — REGISTRAR'S SIGNATURE A.W.Hedrich — 24. FUNERAL DIRECTOR L.J. Luck — ADDRESS 5205 Harford Rd

MR

1st Dr. Mc Grath - 8368 L
2nd Dr. Lypira - 8400

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1266

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1911 W. Lombard Street

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) G. (Last) BOTELER

4. DATE OF DEATH: (Month) (Day) (Year) February 6 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-6-98	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrician	Odd Jobs	Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Walter Boteler	Carrie Barnhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWI	212-05-3562	Clin.Rec., Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) RHEUMATIC HEART DISEASE WITH SEVERE DECOMPENSATION.	Approx. 5 or 6 weeks.
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) POSSIBLE PULMONARY INFARCTION.	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 5, 1952, to Feb. 6, 1952, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Irving Freeman
IRVING FREEMAN, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 2-6-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-8-1952	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-9-52		Walters Funeral Home	Pratt & Stricker Sts. Baltimore, Maryland

for C. P. M. Walters

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21367

1. PLACE OF DEATH
COUNTY: Baltimode — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81? old North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
STREET ADDRESS (If rural, give location): 518 old North Point Road

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) OLIVER (Last) BOWERS

4. DATE OF DEATH: (Month) Feb. (Day) 28, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Nov. 28, 1865	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer farm		Baltimore, Md.	

13. FATHER'S NAME: Oliver Bowers
14. MOTHER'S MAIDEN NAME: Susanna North

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Lillian Lorn 510 Old North Point Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Oedema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocardial Degenerative disease	1 year
(c)	Coronary Sclerosis - Parkinsonian Disease	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Prostate Gland	2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 19 45, to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: Louis A. Jacobs (Degree or title) M.D. ADDRESS: 1010 North Point Rd DATE SIGNED: 3/2/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 3, 1952	Oak Lawn	Colgate, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/3/52	Mrs. Hedrick	Ullrich Funeral Home 2008 Orleans St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01368

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Bare Hill Balto. (9)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. Walnut Ave - Bare Hill.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Edgar L. Braptow

3. (b) Social Security Number 213-20-2636

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married.

6.(b) Name of husband or wife: Isabelle Braptow

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 30, 1904

8. AGE: Years 47 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Towson Md. (Town, county, and state)

10. Usual occupation General Maintenance Man

11. Industry or business Own Business (Self Employed)

FATHER 12. Name George F. Braptow

13. Birthplace Va

MOTHER 14. Maiden name Lucy Boyer

15. Birthplace Cockeysville Md.

16. Interment Isabelle Braptow

Address Walnut Ave Bare Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/52 (month) (day) (year)

Cemetery or crematory Pleasant Rest

Location Towson Md.

18. Funeral director Asher F. Towne

Address 1532 E. Monument St

2/5/52 (Date rec'd by registrar) 19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1952 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1951, to Feb 3 1952, and that I last saw h[illegible] alive on Feb 3 1952.

Immediate cause of death Masses pulmonary Tuberculosis.

Due to

Due to Chronic Tuberculosis 8 yrs

Other conditions

Fibrosis

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results Yes

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

M. SIGNATURE Nathaniel F. Zapp M. D. or other

Address Medical Arts Bldg. Date signed 2/5/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01369

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
County Baltimore
City or town Lansdowne (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29yrs
Hospital, institution, or street address where death occurred: 113 Ridge Ave
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Baltimore
City or town Lansdowne (If outside city or town limits, write RURAL and give nearest town)
Street No 113 Ridge Ave (If rural, give LOCATION)
2.(a) If veteran, name war -

3.(a) FULL NAME Francis N. Buckley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married widowed, or divorced
Male	White	married

6.(b) Name of husband or wife M. Regina Buckley 6.(c) If alive, give age - years

7. Birth date of deceased (mo., day yr.) Oct 6th 1886

8. AGE: Years	Months	Days	If less than one day
65	4	11	..... hrs. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual occupation Lawyer
11. Industry or business Of Self
MOTHER FATHER
12. Name Daniel B. Buckley
13. Birthplace Baltimore Md.
14. Maiden name Elizabeth J. Nolan
15. Birthplace Baltimor Md.
16. Informant Mrs M. Regina Buckley
Address 113 Ridge Ave
17. Burial (Burial, cremation, or removal Which?) Date thereof 2/20/52 (month) (day) (year)
Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.
18. Funeral director John J. Conaughton
Address 961 Hollins St.
19. 2/18/52 (Date rec'd by registrar) A.W.Hedrich DMR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1952 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1952 to 17 Feb 1952 and that I last saw him alive on 14 Feb 1952

Immediate cause of death	DURATION
Cardio-Respiratory failure	
Due to Carcinoma	
Due to Carcinoma of Gall Bladder	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Gall Bladder Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other
Address 1406 Lansdowne Date signed 18 Feb 52

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 243 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 13

STREET ADDRESS (If rural, give location): 2019 E. Biddle Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GEORGE	E.	BURDETT	February 9 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	12-29-95	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Printer		Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Burdett	Kathryn Schnetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WWI	218-22-4791	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF URETHRA WITH METASTASIS TO LIVER	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
6-13-51	Squamous cell carcinoma(of Penis)with metastasis	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11 1951, to Feb. 9, 1952, [illegible] and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift — (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2-9-52

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-13-52	Western Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/11/52	A W Hedrick	Ulrich Funeral Home	2008 Orleans Ave.,Baltimore, Maryland

VS. A15 8-51

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01571

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2
STREET ADDRESS (If rural, give location): 515 W. Mulberry Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) CAVERN

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-7-97

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Ashley, Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Bill Cavern

14. MOTHER'S MAIDEN NAME: Mary Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) PNEUMONIA, LEFT — DUE TO — Interval Between Onset and Death: 13 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

495 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 4, 19 52, to Feb. 7, 19 52, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE: Leon Levine M.D. — (DEGREE OR TITLE) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 2-10-52

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Huntington, West Virginia

DATE REC'D BY LOCAL REG.: FEB 8 - 1952

REGISTRAR'S SIGNATURE: A. A. Hedrick, Huntington, W. Va.

24. FUNERAL DIRECTOR ADDRESS: Mildred T. Blight — Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

SHIP TO: Cavendish Johnson Funeral Home 924 20th Street, Huntington, West Virginia

RECEIVED
FEB 13 1952
BUR... U. S.
COPY SENT TO LOCAL UNION NO.____ DATE____

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 119 N. Wolfe Street

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) D. (Last) CHERRY

4. DATE OF DEATH: (Month) February (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-25-19

9. AGE last birthday: 32 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction – General Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Colerxia, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johanie Wesley

14. MOTHER'S MAIDEN NAME: Georgia Anna Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) SUBARACHNOID HEMORRHAGE — 33 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) RUPTURED BERRY ANEURYSM ANTERIOR CEREBRAL COMMUNICATING ARTERY — plus UNKNOWN

DUE TO

(c)

330.6

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.8, 1952, to Feb.10, 1952, [illegible], and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett

(DEGREE OR TITLE) ADDRESS: JACK M. BURNETT, M. D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 2/15/1952

NAME OF CEMETERY OR CREMATORY: Zion Hill Cemetery

LOCATION (City, town, or county) (State): North Carolina

DATE REC'D BY LOCAL REG. 2/13/52

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR ADDRESS: Elroy O. Wilson 1510 Orleans Street Baltimore, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]73

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 27 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 14

STREET ADDRESS (If rural, give location): 2608 Hermosa Avenue

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) J. (Last) CLEMENTS

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-23-93

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier

10b. KIND OF BUSINESS OR INDUSTRY: P.O.

11. BIRTHPLACE (State or foreign country): Harrison, N. J.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Clements

14. MOTHER'S MAIDEN NAME: Theresa Clements MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — **(If Yes, give war or dates of service)** WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA OF SIGMOID — DUE TO

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.31, 19.52, to Feb.27, 19.52, [illegible] and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

THOMAS C. STANSBURY, JR., M.D. VAH, FORT HOWARD, MARYLAND — 2-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3-1-52

NAME OF CEMETERY OR CREMATORY: Sater's Baptist Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/28/52

REGISTRAR'S SIGNATURE: A W Heckrotte

24. FUNERAL DIRECTOR: Ruck's Funeral Home

ADDRESS: 5303 Harford Road Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

CERTIFICATE OF DEATH

BIRTH NO

Registered No. ---

1. NAME OF DECEASED (Type or Print) Margaret Cole

2. DATE OF DEATH 2-25-52

3. PLACE OF DEATH:
A Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7905 Oakleigh Road

c. Length of stay in Baltimore Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 1512 N. Montford Avenue

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 3, 1871

9. AGE (In years last birthday) 80 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Casper Bamberger

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT William J. Cole ADDRESS 7905 Oakleigh Rd.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular disease. DUE TO

443 X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICATION

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOTWHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1952 *to* Feb. 25, 1952 *that I last saw the deceased alive on* Feb. 25, 1952 *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE [illegible] M. D.

23B. ADDRESS [illegible]

23C. DATE SIGNED 2/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 2-28-52

24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.

24D. LOCATION (City, town, or county) (State) North Avenue - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR John C. Miller Inc. ADDRESS 2435 E. Oliver St.

3/3/52 A. W. Stedrich

PLEASE WRITE PLAINLY, USING INK. Every item of information should be carefully supplied. The correct age is especially important: please write the causes of death clearly and legibly.

BEGIN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Coleraine Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 601 Coleraine Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RUBY	R.	COLLINS	Feb.	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Sept/21, 1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	

13. FATHER'S NAME: William Edgar

14. MOTHER'S MAIDEN NAME: Mamie Rea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Elmer Collins - 601 Coleraine Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio Vascular	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	2nd year
	(c) to brain c pneumonia Bronchial	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1951, to 24 Feb., 1952, that I last saw the deceased alive on 24 Feb., 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William J. Bryan III — ADDRESS: 4612 Edmondson Ave — DATE SIGNED: 25 Feb 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	2/27/52	Lorraine Maus.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-26-52	L	Wm. J. Tickner & Sons	Balto 17, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3J

1176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall; LENGTH OF STAY (in this place) 35 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall; STREET ADDRESS (If rural, give location) East - At Gunpowder River Road

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Monteville (Last) Cordery

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 11 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James W. Cordery

14. MOTHER'S MAIDEN NAME: Frances Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-22-0745

17. INFORMANT AND ADDRESS: Mrs. Carrie Cordery, White Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteria sclerotic cardio vascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb 6, 1952, that I last saw the deceased alive on 22 Feb, 1952, and that death occurred at 4.30 p.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Rees (Degree or title) MD ADDRESS Cockeysville, Md. DATE SIGNED 22 Feb 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 26 - 52

NAME OF CEMETERY OR CREMATORY: Pine Grove

LOCATION (City, town, or county): White Hall (State): Md

DATE REC'D BY LOCAL REG.: Feb. 24 - 1952

REGISTRAR'S SIGNATURE: Mrs. Howard S. Markline

24. FUNERAL DIRECTOR ADDRESS: Howard S. Markline, White Hall Md

RECEIVED
FEB 27 1952
BJKJAU V. S.

11378

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 24 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton

STREET ADDRESS (If rural, give location): Big Falls Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
HOWARD	L.	CROMWELL	February 13 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	1-24-95	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter self employed		Harford Co., Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Cromwell	Hattie Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	217-16-7291	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CORONARY THROMBOSIS	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO HYPERTENSIVE ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE, DECOMPENSATION	5 years
	(c) DUE TO	

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1952, to Feb. 13, 1952, [redacted], and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (DEGREE OR TITLE) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 2-13-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/17/52	St. Luke's Cemetery	Hereford [redacted] more, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/15/52	C.	Wm. I. Chatman, Jr. 1701 McCulloh Street Baltimore, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1377

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4419 Linden ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 4419 Linden ave

3. NAME OF DECEASED (Type or Print): (First) Forest (Middle) L (Last) Crunkhite

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1952

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Nov 21 1894 — 9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Civil Sen — 10b. KIND OF BUSINESS OR INDUSTRY: Contractors Mfg — 11. BIRTHPLACE (State or foreign country): Ky State — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Schuyler L Crunkhite — 14. MOTHER'S MAIDEN NAME: Ann Winne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 205-05-5395 — 17. INFORMANT AND ADDRESS: Mrs Mabel C Crunkhite 4419 Linden

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart disease

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr W Kieffer McClean Balto 1010 Lindsay 1-5-52

23. BURIAL CREMATION REMOVAL (Specify): Removal — DATE THEREOF 1-6-52 — NAME OF CEMETERY OR CREMATORY: Bethlehem Cem — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 1/7/52 — REGISTRAR'S SIGNATURE Dr Kieffer — 24) FUNERAL DIRECTOR: Wm J Tschan & Sons — ADDRESS: Baltimore

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01379

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place) 3 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2907 Cornwall Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRYSTAL SPRINGS
STREET ADDRESS (If rural, give location) FULTON CO. ✓

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) C (Last) DAVIES

4. DATE OF DEATH: (Month) February (Day) 5, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 12/25/1875 †

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: COAL

11. BIRTHPLACE (State or foreign country): WALES

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDW. DAVIES

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 232-18-5065

17. INFORMANT AND ADDRESS: DAVID DAVIES - SON - 2907 CORNWALL Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of 4th and 5th Cervical Vertebra

700.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ~~OR CONTRIBUTING~~ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street steps | (CITY OR TOWN) Dundalk | (COUNTY) (STATE) Baltimore, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): approx. 2:30 2/5/52 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell off steps of his house on his head

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* X, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: William M. Kelly Jr. (Degree or title) ADDRESS: Asst. Medical Examiner, 700 E. Fleet St. | DATE SIGNED: 2/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 2/9/52 | NAME OF CEMETERY OR CREMATORY: HOWE CEM. | LOCATION (City, town, or county) (State): KOSCOE, PA.

DATE REC'D BY LOCAL REG.: Feb 5 1952 | REGISTRAR'S SIGNATURE: William M. Kelly Jr. | 24. FUNERAL DIRECTOR: Walter Brooks Bradley | ADDRESS: Dundalk, Md.

VS. A15A

RECEIVED
FEB 7 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

64380

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A45A

1. PLACE OF DEATH: COUNTY Parkville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1407 Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) THOMAS (Last) Di Pasquale
4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 15-1917
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Repairing
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Donatus Di Pasquale
14. MOTHER'S MAIDEN NAME: Mary Lucanta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No. W.W. II
16. SOCIAL SECURITY NO.: 213-01-5067
17. INFORMANT AND ADDRESS: Mrs. Virginia Di Pasquale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, coronary occlusion — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Collins J. Anderson M.D., M.E. — Towson Md — 2/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2 16 52 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. 2/14/52 — REGISTRAR'S SIGNATURE C. C. Hamm

24. FUNERAL DIRECTOR L. J. Keuchi — ADDRESS 5305 Harford Rd

(2)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN IS RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 Academy Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 505 Academy Rd.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) B. (Last) Dixon

4. DATE OF DEATH: (Month) Feb. (Day) 9/52 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1893

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pat. Leather Polisher

10b. KIND OF BUSINESS OR INDUSTRY: Keyser Copper & Brass Works

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Dixon

14. MOTHER'S MAIDEN NAME: Hannah Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215 10 0850

17. INFORMANT AND ADDRESS: Mrs. Dollie A. Dixon, 505 Academy Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — Interval Between Onset and Death: 2 years

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases to inguinal glands, spine & pelvis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 16, 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 19 50, to Feb 7, 19 52, that I last saw the deceased alive on Feb 7, 19 52, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: Leonard Wallenstein (Degree or title) ADDRESS 848 N 36th St DATE SIGNED Feb 11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 12/52

NAME OF CEMETERY OR CREMATORY Mt. Harmony Cemetery

LOCATION (City, town, or county) (State) 39th & Belair Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 2/12/52

REGISTRAR'S SIGNATURE Fred Bruck

24. FUNERAL DIRECTOR Harry A. Hirshfield ADDRESS 1101 Edmondson Ave.

VS-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01582

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS #1 Helena Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Robert (Last) Klobast

4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13-91

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.: 4 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Klobast

14. MOTHER'S MAIDEN NAME: Helena Neumann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Annie Klobast

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Instant death

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1946, to Feb 10, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 7.30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Finke M.D. 422 Eastern Ave Balto 21 Md 2/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/13/52 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Taylor Ave. Balto Co. Md.

DATE REC'D BY LOCAL REG. 2/14/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: Essex

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Ha.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton

STREET ADDRESS (If rural, give location): Box 397

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) M. (Last) DORSEY

4. DATE OF DEATH: (Month) February (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-17-89

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer farm hand

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodwardsville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Sarah MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ENCEPHALOMALACIA DURATION UNKNOWN — UNKNOWN

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 27, 1952, to Feb. 29, 1952, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) THOMAS C STANSBURY JR, M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 2-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/3/52

NAME OF CEMETERY OR CREMATORY Fork A.M.E. Zion Church Cemetery

LOCATION (City, town, or county) (State) Wilson Town, Maryland

DATE REC'D BY LOCAL REG. 3/1/52

REGISTRAR'S SIGNATURE H.W. Hartnett

24. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 384

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 86 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 529 Willow Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) DRURY

4. DATE OF DEATH: (Month) (Day) (Year) February 29 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-2-93	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Shipping Clerk	unknown	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: William T. Drury

14. MOTHER'S MAIDEN NAME: Mollie Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS	2 Years
0028 Antecedent cause(s)	DUE TO (b)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1951, to Feb. 29, 1952, [illegible] and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE: T. C. Newman, M.D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 3-1-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-4-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/3/52	A. W. Hedrick Dep. Mildred T. Blight	Howard Blight Funeral Home 6009 Harford Road, Baltimore, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1385

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1207 Carroll Street

3. NAME OF DECEASED: (First) LAWRENCE (Middle) W. (Last) EICHORN
4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	11-16-87	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Builder
10b. KIND OF BUSINESS OR INDUSTRY: ATLANTIC COAST LINE
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Eichorn
14. MOTHER'S MAIDEN NAME: BARBARA [illegible] BEPSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: [illegible]-20-81-819
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of lung	Unknown
163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.5, 1952, to Feb.11, 1952, [illegible] and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE AND (DEGREE OR TITLE): JACK M. BURNETT, M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 2-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/14/52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 2/13/52
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: George Leimbach
ADDRESS: 525 N. Lyndhurst Street, Baltimore, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 24, Md.
LENGTH OF STAY (in this place): 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, 24, Md.
STREET ADDRESS (If rural, give location): 7200 A Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) AUGUSTA (Middle) (Last) ENDRESS

4. DATE OF DEATH: (Month) February (Day) 17, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 1, 1864

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Work.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Scharke

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Frederick Endress 7200 A Eastern Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

Immediate cause (a) Arteriosclerotic heart disease.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1952, to Feb. 17, 1952, that I last saw the deceased alive on Feb. 17, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William J. Schmit M.D. ADDRESS: 701 N. Kenwood Ave. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 20, 1952 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): 7225 Eastern Ave., Balto. Co. Md.

DATE REC'D BY LOCAL REG. 2/19/52 — REGISTRAR'S SIGNATURE: A.W. Hedrich

24. FUNERAL DIRECTOR: Charles L. Zeiler — ADDRESS: 901 S. Conkling St.

D&R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural – Sparks; LENGTH OF STAY (in this place) 42 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cold Bottom Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural – Sparks; STREET ADDRESS (If rural, give location) Cold Bottom Rd.

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) Jane (Last) Ensor.

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Febr. 19, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert H. Mays.

14. MOTHER'S MAIDEN NAME: Carrie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Alexander Ensor. - Sparks, Md. -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 15 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular disease

(c)

4 . 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to Feb 18, 1952, that I last saw the deceased alive on Feb 18, 1952 and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France M.D. Parkton Md 2/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Febr. 21, 1952

NAME OF CEMETERY OR CREMATORY: Black Rock Cem.

LOCATION (City, town, or county) (State): Butler, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 19 1952

REGISTRAR'S SIGNATURE: Chester T. Freeman

24. FUNERAL DIRECTOR: Jacob Hartenstein

ADDRESS: New Freedom, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1398

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Balto. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Todds Farm Sparrows Point

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS B. street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Todds Farm Sparrows Point

STREET ADDRESS (If rural, give location) B Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Gottfried		Fagerstrom	Feb	4th	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 14th 1884	67 yrs.	8	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Bethlehem Steel Co	Finland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Karl Fagerstrom	Wilhelmina Dahlberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	213-07-4755	Olga Fagerstrom Todds Farm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	3 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic H.D.	6 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Feb., 19 51, to Feb., 19 52, that I last saw the deceased alive on Feb. 4, 1952, and that death occurred at 10:05 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James J. Dumas	MD	5202 Pt. Sp. Pt. Md.	2/5/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/7/52	Oak Lawn	Eastern Ave. Extended

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/52	A.W. Hedrick DMR	Wm Cook Inc.	1217 St. Paul St.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

01589

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson | LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Sheasley Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 11 Sheasley Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) JACOB (Last) FAVORITE

4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: May 14, 1878 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist | 10b. KIND OF BUSINESS OR INDUSTRY: Tool Mfg. Co. | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Favorite | 14. MOTHER'S MAIDEN NAME: ? Crouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) none | 16. SOCIAL SECURITY NO.: 212-10-9332 | 17. INFORMANT: John Favorite, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, chronic myocarditis, decompensated — 4 yrs

422

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
/ Rollin G. Hudson MD., PME. | Towson Md | 2/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 13, 1952 | NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery | LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: Feb. 13, 1952 | REGISTRAR'S SIGNATURE: Mabel Gray | 24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

VS A15A

RECEI
FEB 14
BUREAU V. S.

Former Adress 2015 E. Oliver St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01390

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and OR TOWN give nearest town) Pikesville; LENGTH OF STAY (in this place) 23 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home	STREET ADDRESS (If rural, give location) 6811 Campfield Rd. (7)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Amelia	Elizebeth	Felka		Feb.	8,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	11/15/1864	~~88~~ 87 yrs.	2	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lang	Caroline Muhly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Records Augsburg Home Campfield R

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Arteri - Sclerotic Heart Disease.	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalized Arteri - Sclerosis. 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May -, 1940, to Feb. 8, 1952, that I last saw the deceased alive on Feb. 8, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl L. Chambers, M.D	M.D.	4108 Liberty Hts	Baltimore - 7 - Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 11, 52	St. Paul Druid Hill Pk.	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-11-52	[illegible]	Paul A. Heemann	6067 Harford Rd.

VT

3 Ex.

1964-65

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01391

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 54 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Edmonson Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 67 Edmonson Ridge Rd.

3. NAME OF DECEASED (Type or Print) (First) Zeno (Middle) A. (Last) Fisher

4. DATE OF DEATH (Month) (Day) (Year) 2/7/52

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH 4/8/1883

9. AGE last birthday 68 yrs.

If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing machine

10b. KIND OF BUSINESS OR INDUSTRY manufacturing

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Conrad Fisher

14. MOTHER'S MAIDEN NAME Mary Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-10-5994

17. INFORMANT AND ADDRESS Lena Mae Streib

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1900., to Feb. 7, 1952, that I last saw the deceased alive on 2-6-52, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard K. Thieper M.D. ADDRESS 545 Fulton Ave Baltimore DATE SIGNED 2-8-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/12/52

NAME OF CEMETERY OR CREMATORY London Park

LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 2/11/52

REGISTRAR'S SIGNATURE W E Barry

24. FUNERAL DIRECTOR Wm. Gabler & Son ADDRESS Catonsville

VS. A10

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups
STREET ADDRESS (If rural, give location): Montevideo and Race Road ✓

3. NAME OF DECEASED: (First) WILLIAM (Middle) H. (Last) FLACK
4. DATE OF DEATH: (Month) February (Day) 12 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 2-1-04
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vendor
10b. KIND OF BUSINESS OR INDUSTRY: junk.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William E. Flack
14. MOTHER'S MAIDEN NAME: Annie Riggby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PELVIC ABSCESS	14 days
606 X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) PERITONITIS	10 days
	DUE TO	
	(c) E. COLI, Pr. VULGARIS	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the deatb but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-7-52
19b. MAJOR FINDINGS OF OPERATION: Suprapubic cystostomy, drainage of pelvic abscess
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.7, 1952, to Feb.12, 19 52, [illegible] and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
WILLIAM B. VANDEGRIFT, M.D. VAH, FORT HOWARD, MARYLAND 2-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/15/52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/14/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR (Address): Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland
Mildred T. Blight

VS-715 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1393

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coopersville — LENGTH OF STAY (In this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sherwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coopersville
STREET ADDRESS (If rural, give location) Sherwood Rd.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Shepard (Last) Fountain

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1952

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH March 1, 1918 — 9. AGE last birthday 33 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Inspector — 10b. KIND OF BUSINESS OR INDUSTRY U.S.D.A. Corn — 11. BIRTHPLACE (State or foreign country) Evergreen Alabama — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. H.C. Fountain — 14. MOTHER'S MAIDEN NAME Susie Betts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War II — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Edgar Farrell, Coopersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation in accidental home fire — Sudden — INTERVAL BETWEEN ONSET AND DEATH 2/9/52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — (c)

E916.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Coopersville, Md — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) 2 (Day) 9 (Year) 1952 (Hour) 8:50 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Accidental fire in bedroom of home.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ___.*

SIGNATURE Collins G. Hudson (Degree or title) M.D. D.M.E. — ADDRESS Towson Md — DATE SIGNED 2/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF Feb. 14 1952 — NAME OF CEMETERY OR CREMATORY Magnolia (Public) — LOCATION (City, town, or county) (State) Evergreen, Coopersville, Md.

DATE REC'D BY LOCAL REG. Feb 9, 1952 — REGISTRAR'S SIGNATURE Irene Arnistead Rae Sec. — 24. FUNERAL DIRECTOR — ADDRESS J. Scott Brooks, Upper Fall, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenmore Balto 19
LENGTH OF STAY (in this place): 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 151 Oak ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: ... COUNTY: ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Frances (Last) Friby
4. DATE OF DEATH: (Month) Feby (Day) 3 (Year) 52

5. SEX: Fem
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 9 1900
9. AGE last birthday: 51 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Benjamin Jones
14. MOTHER'S MAIDEN NAME: Frances
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillian Friby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant

420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) DEATH: Feby 3 52 11 P. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. McLarnon (Degree or title): M.D. ADDRESS: Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED: 2/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb 6-52 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary | LOCATION (City, town, or county): A. A. Co. | (State): Md.

DATE RECD BY LOCAL REG. 2/5/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Samuel W. Sullivan Jr. | ADDRESS: Balto.

Residence -by phone- from House in Pines, 3-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Hanover
STREET ADDRESS (If rural, give location) 16 Fusting Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	C.	GARDINER	Feb.	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	Sept. 16, 1869	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Builder	own business	Indiana	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
P. Ignatius Gardiner	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	Mr. Jerome C. Gardiner - R.F.D. Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insuff	6 wks
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	3 yrs
	(c) [illegible]	

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] Diabetes — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan., 19[illegible], to Feb., 19[illegible], that I last saw the deceased alive on Feb 13, 1952, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		3607 [illegible] Ave Baltimore 17 Md	2/18/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/52	Meadowridge Mem. Pk.	Dorsey, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 16, 1952	P.W.	Wm. J. Tichnor & Son	Catonsville 17 Md.

VS-4-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]396

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conwel Beach, Curtis Bay
STREET ADDRESS (If rural, give location) 466 Conwel Beach Rd

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CLARENCE (Last) GARDNER

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: 10/1/1880

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Gardner

14. MOTHER'S MAIDEN NAME: Jennie Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Mrs Maude M Gardner 466 Conwel Beach Rd 50784J1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral vascular accident — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pulmonary infarcts, multiple, — DUE TO

(c) Mitral and aortic stenosis

INTERVAL BETWEEN ONSET AND DEATH: (a) 27 days (b) unknown (c) unknown

421.8

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion + edema — unknown

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) OF INJURY (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1952, to Feb 16, 1952, that I last saw the deceased alive on Feb 16, 1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE J Grant MD (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp DATE SIGNED Feb 16, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/19/52

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/18/52

REGISTRAR'S SIGNATURE A.W. Hedrich

24. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc., 1217 E. Baltimore St.

DMR

VS-A 5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1597

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Old Court Road

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) CLAY (Last) GARTSIDE

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 12/1/1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Zoning Dept

10b. KIND OF BUSINESS OR INDUSTRY: Balto Co. Zoning Board

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Clay Gartside

14. MOTHER'S MAIDEN NAME: Emma J. Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 213-14-5077

17. INFORMANT: George H. Gartside, Woodlawn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Artery Disease	2 yrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
822.1) (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Alcoholism — 2 yrs.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None - m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? None

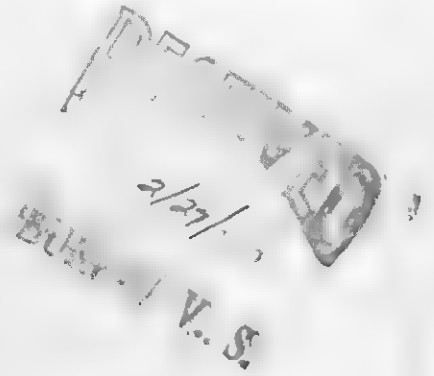
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title) Deputy Med. Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 2-25-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/25/52 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 2-25-52 — REGISTRAR'S SIGNATURE: E E Nichols — 24. FUNERAL DIRECTOR: Frank A. Durell, Pikesville, Md. — ADDRESS

VSE A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0139

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Towson Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Towson Balto COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Balto Co - Md
STREET ADDRESS (If rural, give location) 422 York Road

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Korbel (Last) German

4. DATE OF DEATH (Month) (Day) (Year): 2/5/52 19

5. SEX: Female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 5/17/1899 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Korbel | 14. MOTHER'S MAIDEN NAME: Catherine Gilert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Hattie E. German

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chron Myocarditis	1948
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chron Interstitial Nephritis	1948
	(c) Acute cardiac dilatation	1952
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Anemia	1950

5;12X

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1951, to Feb 5, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. N. Bishop | ADDRESS: 553 Sheridan Ave | DATE SIGNED: 2-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/8/52 | NAME OF CEMETERY OR CREMATORY: Prospect Hill | LOCATION (City, town, or county) (State): York Road

DATE REC'D BY LOCAL REG. 2-7-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: J. J. Fahey & Sons | ADDRESS: 1318 Light St

MARYLAND STATE DEPARTMENT OF HEALTH

01399

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A-4

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5516 Selma Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
STREET ADDRESS (If rural, give location): 5516 Selma Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) ANTHONY (Last) GERSTBRICH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 195[illegible] 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17, 1888

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank E. Gerstbrich

14. MOTHER'S MAIDEN NAME: Anna Vleck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: No.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Frank Gerstbrich, Jr. 5516 Selma Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sudden death Found dead on floor. — Interval between onset and death: ?

4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis - c. Myocardial

(c) Failure - c. Edema and pulmonary Congestion — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19[illegible], to Feb 7, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic V. Beetler MD 10 14 Francis Ave Baltimore - Feb 7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 11, 1952 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2/11/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2008 Orleans St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0400

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7805 Oakdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 7805 Oakdale Ave.

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) ALEXANDER (Last) GLASSEY

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 17, 1901

9. AGE last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Supply

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Wilbur Glassey

14. MOTHER'S MAIDEN NAME: - Upton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Parkville, Md. Mrs. Mary A. Glassey - 7805 Oakdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of (R) Lung (Pancoast Tumor). — Interval Between Onset and Death: 20 months

162X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/1/50

19b. MAJOR FINDINGS OF OPERATION: Pancoast tumor Rt. lung.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1950, to 2/1, 1952, that I last saw the deceased alive on 2/1, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Chenault M.D. ADDRESS 1114 St Paul St Balto 2 Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/4/52 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: February 2. 1952 | REGISTRAR'S SIGNATURE: R.W. | 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons | ADDRESS: Bcltc, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baeto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 13.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Smithwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Bishop Lane

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H (Last) Trossell

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorce

8. DATE OF BIRTH: 1/24/1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House painter

10b. KIND OF BUSINESS OR INDUSTRY: painter

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-03-1716

17. INFORMANT AND ADDRESS: Miss Stabler Ireland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1952, to Feb 2, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jno J. Bosa M.D. 1 Mallow Hill Ave; Balto; md 2/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2/5/52

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baeto City Md

DATE REC'D BY LOCAL REG. 2/5/52

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR ADDRESS: Wm Tabb and Son.

FEE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1402

CERTIFICATE OF DEATH

Reg. Dist. No. 37

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 2yrs 4mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Homes

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3605 Hillsdale Rd

3. NAME OF DECEASED: (First) Sallie (Middle) R (Last) Graydon

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Mar 5-1870

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months / Days / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Graydon

14. MOTHER'S MAIDEN NAME: Eliza Tracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura M. Schroeder - Masonic Homes Per C.P. Tipton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular Accident Feb 17 8PM. — Interval between onset and death: 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cerebral Asteria sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Healed Poliomyelitis c residual R.V. Leg.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29 19 49 to Feb 19, 19 52, that I last saw the deceased alive on Feb 19, 19 52, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

SIGNATURE Walter T. Cues (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md DATE SIGNED 2/19/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): — DATE THEREOF 2-23-52 — NAME OF CEMETERY OR CREMATORY Louden Park — LOCATION (City, town, or county) Baltimore — (State) Md

DATE REC'D BY LOCAL REG. 2-19-52 — REGISTRAR'S SIGNATURE Laura M Schroeder Per C.P. Tipton

24. FUNERAL DIRECTOR Tickner Funeral parlor — ADDRESS North a— Pa area Balto

RECEIVED
2/25/52
B[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

C1403

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	F.	GREENE	February	20,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored			29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Craniocerebral injury

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of extremities

(c)

810.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Relay,	Baltimore Co.,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work	Not while at work	HOW DID INJURY OCCUR?
2-20-1952 3:15 a.m.		☒	Collision between auto & tractor trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley N. Cruchen M.D. Assistant Medical Examiner,	Balto. 2, Md. 700 E. Fleet St.	2-20-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/20/52	D.W. Bedrick	Rollins Fun. Home J. Randall	4339 Hunt Pl

VS. A15A

On
24 on Nicholas St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01404

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8050 Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
STREET ADDRESS 8050 Liberty Road (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) May (Last) Meninger

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 29 1872

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Daniel Sutch

14. MOTHER'S MAIDEN NAME: Anna Reddish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Lloyd Neidemeyer — 3613 Milford Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senile Debility Age

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia — Hemiplegia Arteriosclerosis

(c) Enlarged Spleen (Banti's Disease)

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Arrhythmia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952 to Feb 23, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm Thos J. Abbott M.D. 4509 Edgecliff Roland Park Md. 2-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 25 1952 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. | LOCATION (City, town, or county) (State): Randallstown Balto Co Md

DATE REC'D BY LOCAL REG.: February 23 1952 | REGISTRAR'S SIGNATURE: R. W. | 24. FUNERAL DIRECTOR: Phillis Lamoreaux | ADDRESS: 4510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01405

Reg. Dist. No. 4-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay side Boarding House.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk R 2 Md.
STREET ADDRESS (If rural, give location) 7110 German Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anne (Last) Sulczynski
4. DATE OF DEATH: (Month) Feby (Day) 2 (Year) 52

5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 23 1868
9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ? Silvey
14. MOTHER'S MAIDEN NAME: Constance ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO. — — —
17. INFORMANT: Elizabeth Wissley 407 Asbury Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia - Bronchial.	3 Days.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis.	Unknown.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk R 2 Md. DATE SIGNED 2/4/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 6 1952 | NAME OF CEMETERY OR CREMATORY: Holy Cross Polish National | LOCATION (City, town, or county) (State): Balto County

DATE REC'D BY LOCAL REG. 2/5/52 | REGISTRAR'S SIGNATURE: Rev. Medved | 24. FUNERAL DIRECTOR: John M. Weber | ADDRESS: 401 E. Chase St.

DMR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1406

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1005 Somerset Street

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) (Last) HARCUM

4. DATE OF DEATH: (Month) (Day) (Year) February 15 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1881

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Sweeper

10b. KIND OF BUSINESS OR INDUSTRY: B. C. S. Dept.

11. BIRTHPLACE (State or foreign country): Northumberland County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) SUBDURAL AND SUBARACHNOID HEMORRHAGE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) CEREBRAL ARTERIOSCLEROSIS	UNKNOWN
	DUE TO (c)	

330X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ABSCESS, RIGHT LOWER LOBE LUNG — UNKNOWN

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1952, to Feb. 15, 1952, [illegible] and that death occurred at 7:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
John Burnett
JACK M. BURNETT, M. D. — VAH, FORT HOWARD, MARYLAND — 2-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/19/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/18/52 — REGISTRAR'S SIGNATURE: A.M.Hedrich

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Avenue, Baltimore, Maryland

DMR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 26 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 5216 Alhambra Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) HARRINGTON

4. DATE OF DEATH: (Month) (Day) (Year) February 13 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 5-27-95

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grader operator

10b. KIND OF BUSINESS OR INDUSTRY: Paving Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Harrington

14. MOTHER'S MAIDEN NAME: Annie MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PULMONARY TUBERCULOSIS — Interval between onset and death: UNKNOWN

DUE TO (b)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.18, 19 52, to Feb.13, 19 52, [illegible] and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Thomas C. Stansbury — THOMAS C. STANSBURY, JR., M.D., VAH, FORT HOWARD, MARYLAND — 2-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 16 1952 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/18/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Henry W. Jenkins & Sons Co. Inc. 4905 York Road, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01408

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 62 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockwell & Westchester Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) Rockwell & Westchester Aves.

3. NAME OF DECEASED (Type or Print): (First) JANE (Middle) MATILDA (Last) HARRIS

4. DATE OF DEATH: (Month) Feb. (Day) 26th. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7/15/1863

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William K. Champayne

14. MOTHER'S MAIDEN NAME: Elizabeth Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Amy Walker Rockwell & Westchester Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset and Death: 15yrs +

422 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1950, to 26 Feb, 1952, that I last saw the deceased alive on 2/24, 1952, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE: John Corbett J. (Degree or title) M.D. ADDRESS: 20 E. Preston St. - Baltimore, 2, Md DATE SIGNED: 2/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/29/52

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/29/52

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton Sons ADDRESS: Catonsville, Md.

RECEIVED
MAR 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Winters Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 42 Winters Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Winfield (Last) Harris
4. DATE OF DEATH: (Month) Feb. (Day) 22, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	married	Aug. 19, 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Public
11. BIRTHPLACE (State or foreign country): Catonsville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Winfield Harris
14. MOTHER'S MAIDEN NAME: Hannah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Amelia Harris 42 Winters Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemmorhage	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arthritis ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20-, 1951 to 2-22-, 1952 that I last saw the deceased alive on 2-22-, 1952, and that death occurred at 5-A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. F. Maloney M.D. 52 Winters Lane Dallas 28 2-22-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Feb. 25, 1952 New Cathedral Baltimore Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
February 23-1952 R.W.S.

24. FUNERAL DIRECTOR Cagle Funeral Home ADDRESS 6701 Druid Hill Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Putty hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8204 Belair Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Putty Hill
STREET ADDRESS (If rural, give location) 8204 Belair Road

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) (Last) HECKER

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 17, 1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior decorator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hecker

14. MOTHER'S MAIDEN NAME: Fredericka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Susie Hecker 8204 Belair Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) CANCER OF LUNG (RIGHT) with metastasis to Right Clavicle — Interval between onset and death: 6 Mos +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1947, to 2/19, 1952, that I last saw the deceased alive on 2/18, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Machen M.D. ADDRESS 6331 Belair Rd Balto (6) Md DATE SIGNED 2/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: Feb. 22, 1952 — NAME OF CEMETERY OR CREMATORY: Trinity — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2-22 — REGISTRAR'S SIGNATURE L. M. Davis

24. FUNERAL DIRECTOR: Ulrich Funeral Home — ADDRESS: 1008 Orleans St.,

VS. A15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01411

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OPETZ HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural, give location): 5552 SOUTHWEST BLVD

3. NAME OF DECEASED (Type or Print): (First) CASPER (Middle) (Last) HELLER

4. DATE OF DEATH: (Month) FEB. (Day) 29 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 16 1865

9. AGE last birthday: 86 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AGENT

10b. KIND OF BUSINESS OR INDUSTRY: MANUFACTURERS INS. CO

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-07-9647

17. INFORMANT: ADELE HELLER 5552 SOUTHWEST BLVD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF THE STOMACH. — Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility.

151X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1951, to Feb. 29, 1952, that I last saw the deceased alive on Feb. 28, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: J. C. Howard Johnson (Degree or title) MD

ADDRESS: 6348 Frederick Road. Catonsville Md

DATE SIGNED: 3/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/3/52

NAME OF CEMETERY OR CREMATORY: Parkwood Memorial

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3/3/52

REGISTRAR'S SIGNATURE: Dr. Frederick

24. FUNERAL DIRECTOR: Joseph T. Lombruce

ADDRESS: 1328 Ralphlu Spring Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 412

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Relay
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pasadena
STREET ADDRESS (If rural, give location) Sunset Beach

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Hinrichs

4. DATE OF DEATH: (Month) (Day) (Year) February 14, 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 24, 1870

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months | Days | Hours | Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office Employee

10b. KIND OF BUSINESS OR INDUSTRY: Hamilton Post Office

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher J. Hinrichs

14. MOTHER'S MAIDEN NAME: Ellen M. Bruehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Box 25, R.F.D. #4 Josephine Fox Hinrichs, Pasadena, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	24 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Cardio-vascular Disease	(10) Many Years
	DUE TO (c)	

42.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1952, to 2/14, 1952, that I last saw the deceased alive on 2/13, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) Louis P. Gundry M.D. ADDRESS Relay 22, Md DATE SIGNED 2/14/52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 2/16/52

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01413

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills — LENGTH OF STAY (in this place): 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pa. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waynesboro
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	none	Hirsch	2	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	4-1-25	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
inmate		Waynesboro, Pennsylvania	America

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sam Hirsch	Weinstein, Bessie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		Institutional records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Status epileptum (grand mal with idiocy - birth)	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic sinusitis, suppurative 10 yrs.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 17, 1952 to Feb. 17, 1952, that I last saw the deceased alive on Feb. 17, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harry K. Butler	M.D.	Owings Mills, Md	2/17/52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-19-52	Rosedale	Falls	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/19/52	A.W.Hedrich DMR	Jack Lewis Inc	2100 Eastwood

VS-ATS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1414

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Rogester ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1608 Boston St

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) M (Last) Hocheder

4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Dec. 13 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John P. Hocheder

14. MOTHER'S MAIDEN NAME: Agatha Moser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Lewis H Keizer 2901 N Calvert St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 hr

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — Graduated

(c) Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1951, to Feb 15, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 1 Pm from the causes and on the date stated above.

SIGNATURE AND (Degree or title): W A Moody — ADDRESS: 1403 Park ave Baltimore Md — DATE SIGNED: 2-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 18 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2/18/52 — REGISTRAR'S SIGNATURE: A.W.Hedrich DMR

24. FUNERAL DIRECTOR AND ADDRESS: Henry J Jenkins Sons 4905 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1415

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D.6 Towson 4 — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D.6 Towson
STREET ADDRESS (If rural, give location) Old Harford Road

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) David (Last) Hodges

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.

8. DATE OF BIRTH: June 19 1902

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarion Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hodges

14. MOTHER'S MAIDEN NAME: Betty Rigney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-07-0068

17. INFORMANT AND ADDRESS: Mr. Henry Hodges

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, vascular, with coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic bronchitis with bronchiectasis	10 yrs
	(c) Asthma	Prob. 10 yrs

241X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Collin C. Hudson M.D., DME. Towson Md. 2/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/21/52 — NAME OF CEMETERY OR CREMATORY: Pinewood Park — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 2/20/52 — REGISTRAR'S SIGNATURE: A.W. Fedrich — DMR

24. FUNERAL DIRECTOR: L.J. Luck — ADDRESS: 5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS/ATSA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Hill — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6632 Loch Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Hill
STREET ADDRESS (If rural, give location) 6632 Loch Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) FRECKMANN (Last) HOEFLICH
4. DATE OF DEATH: (Month) Feb. (Day) 25, (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 29, 1861
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Freckmann
14. MOTHER'S MAIDEN NAME: Julia Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Otto F. Hoeflich - 6632 Loch Hill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene Right foot -	About 30 days
450 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) None	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None
(CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) None (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Sept. 21, 1952, to Feb. 25, 1952, that I last saw the deceased alive on Feb. 24, 1952, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Carl Troyer M.D. 1401 E. Cold Spring Lane Baltimore 12 Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/28/52
NAME OF CEMETERY OR CREMATORY: Baltimore Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2-26-52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Wm. J. Lichtner & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (In this place): 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. 1 Box 290 Patapsco ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same - Balto 21
STREET ADDRESS (If rural, give location): (Middleboro)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Anthony (Last) Horning

4. DATE OF DEATH: (Month) Feby (Day) 9 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 8 1887

9. AGE last birthday: 64 yrs. — If under 1 year: Months 4 — Days 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Martins

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph a. Horning

14. MOTHER'S MAIDEN NAME: Julia Sarmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elsie Horning (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instants.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-9-52 1:45 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): A.M. Carmine M.D. — ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 22 md. — DATE SIGNED: 2/9/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 2-12-52 — NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary — LOCATION (City, town, or county): Balto. Co (State): md.

DATE REC'D BY LOCAL REG.: 2/11/52 — REGISTRAR'S SIGNATURE: A W Bedrick

24. FUNERAL DIRECTOR: Thos G. Connelly — ADDRESS: Essex

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH 61418

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4 L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point
STREET ADDRESS (If rural, give location) 304 E 5th St

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) (Last) Humin
4. DATE OF DEATH (Month) (Day) (Year): Feb 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: June 2 1875
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Julius Humin 304 E 5th Sparrow Point

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Insufficiency	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T. Means (Degree or Title) M.D. ADDRESS 530 DSL · Sparrow Pt. 19 DATE SIGNED 2/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb 11/52
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 2/11/52
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Ullrich Funeral Home ADDRESS 2112 Dundalk

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1419

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 24 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location) Rural P.O. Box 106

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Richard (Last) Hunt

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.

8. DATE OF BIRTH: 1870

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Joseph Hunt

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Marion Canter (daughter) Box 106 Mitchellville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardio-respiratory failure — Interval between onset and death: 1 hr.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic heart disease — years

DUE TO (c) Generalized arteriosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1952 to Feb 23, 1952, that I last saw the deceased alive on Feb 23, 1952 and that death occurred at 8.45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann Grees M.D. ADDRESS Spring Grove State Hospital Catonsville 28 Md. DATE SIGNED 2/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2-26-52 — NAME OF CEMETERY OR CREMATORY WASH. NAT'L — LOCATION (City, town, or county) (State) 30 ITLAND MD PRINCE GEORGES CO

DATE REC'D BY LOCAL REG. 2/23/52 — REGISTRAR'S SIGNATURE J. E. Harry

24. FUNERAL DIRECTOR W. W. Chambers Co. — ADDRESS 1400 CHAPIN WASH. D. C.

RECEIVED
FEB 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01420

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: pl write the causes of death clearly and legibly.

VS-A1A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE — LENGTH OF STAY (in this place) 6 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLD COURT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE R 5
STREET ADDRESS (If rural, give location) OLD COURT ROAD

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) EDWARD (Last) KOHEHART
4. DATE OF DEATH (Month) FEB (Day) 3 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		FEB 22 1906	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FEL. RES. EMP.	BANKING	BALTIMORE CITY	USA

13. FATHER'S NAME: HARRIS A. KOHEHART
14. MOTHER'S MAIDEN NAME: MARY C. MYERLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		MRS. GEO. KOHEHART - OLD COURT RD - PIKESVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION	1 DAY
+20 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CONGESTIVE HEART FAILURE	1 YEAR
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JULY 4, 19..., to FEB 3, 19..., that I last saw the deceased alive on FEB 2, 19..., and that death occurred at 6 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. OMER C. [illegible] M.D. Pikesville, Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/6/52	LOUDON PK CEM	BALTIMORE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/4/52	[signature]	Wm. J. Tickner & Son Inc	Baltimore Md

Dan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01421

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Towson (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 7 May Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Balto
City or town: Towson (If outside city or town limits, write RURAL and give nearest town)
Street No. 7 May Ave (If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Aaron Jackson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widower

6.(b) Name of husband or wife: Mattie Jackson
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 7, 1878

8. AGE: Years	Months	Days	If less than one day
73			hrs. min.

9. Birthplace: Harford Co. Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Hardware Store
FATHER 12. Name: Aaron Jackson
13. Birthplace: Harford Co. Md.
MOTHER 14. Maiden name: Mary ?
15. Birthplace: Harford Co. Md.
16. Informant: Dyett, James
Address: 319 Lennox Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Pleasant Rest Cem.
Location: Towson Md
18. Funeral director: Wm Hall & Williams
Address: 922 N. Edmondson Ave
19. February 9 1952 (Date rec'd by registrar) R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7 1952 at 5:00 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 3. 1952 to Feb 5. 1952 and that I last saw h alive on Feb 5. 1952

Immediate cause of death	DURATION
Coronary Occlusion	Hours
Due to Arteriosclerosis & Hypertension	Unk.
Due to	
Other conditions	

4 - 1
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: David Keen M.D. M. D. or other
Address: Towson 4 Md Date signed: 2/9/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1422

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 557 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 611 S. Sharpe Street

3. NAME OF DECEASED (Type or Print): (First) GODFREY (Middle) (NMI) (Last) JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) February 22 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-2-24
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Fayetteville, N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Godfrey Johnson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) TUBERCULOUS PERITONITIS AND TUBERCULOUS PSOAS DUE TO ABSCESS — UNKNOWN

011x

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [x] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 14, 1950, to Feb. 22, 1952, XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE Thomas C Stansbury Jr (DEGREE OR TITLE) ADDRESS DATE SIGNED
THOMAS C. STANSBURY, JR., M.D. VAH, FORT HOWARD, MARYLAND 2-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/26/52
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/26/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802 Madison Avenue Baltimore, Maryland

V T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01423 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1235 Myrtle Avenue

3. NAME OF DECEASED: (First) HENRY (Middle) G. (Last) JOHNSON
4. DATE OF DEATH: (Month) February (Day) 11 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-18-94
9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Porter in store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Johnson
14. MOTHER'S MAIDEN NAME: Annie R. Harridy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ENCEPHALOMALACIA	UNKNOWN
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.18, 19 52, to Feb.11, 19 52, [redacted] and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE: Jack M. Burnett — (DEGREE OR TITLE) JACK M. BURNETT, M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 2-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-14-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/14/52 — REGISTRAR'S SIGNATURE: A W Bodmer

24. FUNERAL DIRECTOR: Mrs. Samuel T. Hemsley — ADDRESS: Mrs. Samuel T. Hemsley, 578 W. Biddle St., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

124

30

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Convalescent Home Shady Nook Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 229 Westone Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Wilson
4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	May 13, 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Wales	U. S.

13. FATHER'S NAME: James Wilson
14. MOTHER'S MAIDEN NAME: ? Oxley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Henry L. Johnson, 209 Midwood Place, Westfield, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Abdominal carcinoma - type & primary site not known	1 yr. +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular renal disease	2 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1951, to 15 Feb, 1952, that I last saw the deceased alive on 14 Feb, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: John A. Hedrich Jr. (Degree or title)
ADDRESS: 20 E. Preston St.
DATE SIGNED: 2 - 15 - 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2 - 19 - 52	Fairview	Westfield, N. J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/52	A.W.Hedrich	John O. Mitchell & Sons, Inc.	1900 Eutaw Place

DMR

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): Kingsley Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rosina	W	Johnston	Feb 8th 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	Nov 4 1869	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick A. Wagner	Angeline Thierrauch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Elizabeth M. Bach Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	Unknown
421 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1951, to 2-8-, 1952, that I last saw the deceased alive on 2-7 1952, and that death occurred at 10 50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martha L Sunderland M.D		11 E Chase St Baltimore 2 Md	2-9-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 12 1952	Loudon Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-11-52	[illegible]	Harry A. Arnacost	4204 Ridgewood Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1426

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place) 27 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 286 ST. HELENA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 286 ST. HELENA AVE.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) WILLIAM (Last) KELLY
4. DATE OF DEATH: (Month) FEB. (Day) 7 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	MARRIED	14 JULY 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	BUILDING	LONDON, ENGLAND	U.S.A.

13. FATHER'S NAME: THOMAS KELLY
14. MOTHER'S MAIDEN NAME: MEHLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No — No	218-01-9330A	KATHLEEN L. KELLY, SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis.	2 yrs.
4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary and generalized Arteriosclerosis	Probably 10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1950, to Nov., 1951, that I last saw the deceased alive on Nov., 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B W Tolcott	M.D.	2900 Dunleer Rd Dundalk Md.	8 Feb '52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/9/52	LORRAINE PARK	BALTO, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 8-1952	William M Kelly	Wm. Thos. Brodie Funeral Home	Dundalk, Md.

2.

RECEIVED
FEB 11 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1127

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 117 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Cc
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 139 E. High Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) (NMI) (Last) KEMPA

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-6-95

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Elkton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Kempa

14. MOTHER'S MAIDEN NAME: Elizabeth Bordmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) CHRONIC PNEUMONIA, BOTH LUNGS, ETIOLOGY UNDETERMINED — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO

(c)

525X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 13 19 51, to Feb. 7, 1952, [illegible] and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. — VAH, FORT HOWARD, MARYLAND — 2-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2-12-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/11/52 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR** ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Maryland

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 37 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 Arthur Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): 1 Arthur Avenue

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) BELLE (Last) KESSLER

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 25, 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book keeper

10b. KIND OF BUSINESS OR INDUSTRY: Produce Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Vaught Wrightson

14. MOTHER'S MAIDEN NAME: Ida B. Tennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-03-9490

17. INFORMANT AND ADDRESS: Mr. Francis Kessler 1 Arthur Ave. Catons. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma right breast — Interval Between Onset and Death: 7

1710X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General meta Faces - lung abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19.., to Feb 10, 19.52., that I last saw the deceased alive on Feb 10, 19.52., and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic V. Bealer M.D. 1014 Francis Ave - Baltimore Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/13/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/13/52 — REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

RECEIVED
FEB 14
BUREAU V. S.

Item 18 Film G144 6-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Curtis Point | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sp. Bethl Steel Disp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2733 Sherwood Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	J.	Landers.	2	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Married	6-21-92	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Asbestos Worker	STEEL PLANT	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Landers	Margaret Quirke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES W.W. I	178-03-5931	Thomas E. Bryson - Woodside L.I. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, Chronic — --

(c)

(420) (002 x)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Travis Mc	Wm. Med. Exam.	Dundalk-Md	2/14/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-18-52	Long Island National Cem.	Long Island City,	N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/15/52	A.W. Hedrich	George A. Farley	Fulton Ave. & Fayette St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: pl[illegible] the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1750

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1742 Yakona Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1742 Yakona Road

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) RUTH (Last) LANGREHR
4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Jan. 3, 1948	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	At Home	Maryland	USA

13. FATHER'S NAME: Robert H. Langrehr
14. MOTHER'S MAIDEN NAME: Ruth Marr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	Robert HL Langrehr, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Convulsions — 1 day

500X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal pain,

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible] 28, 1952, that I last saw the deceased alive on [illegible], 1952, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gordon Gray MD 85 [illegible] Feb 10 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 12, 1952	Granite Presbyterian Cem.	Granite, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb 12, 1952	Mabel Gray	John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville. — LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Larkin

4. DATE OF DEATH: (Month) 2 (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: 1-1-1894

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): watchman

10b. KIND OF BUSINESS OR INDUSTRY: railroad.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, left lobular, with empyema	5 days
1934 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Neoplasm, left temporal lobe brain recurrent	6 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis due to Organic Brain Disease — 10 months

19a. DATE OF OPERATION: 5-12-52

19b. MAJOR FINDINGS OF OPERATION: Glioma, left temporal (Univ. Hosp.)

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 19.51, to Feb. 29, 19.52 that I last saw the deceased alive on Feb. 29, 19.52, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE Wm. A. Rinn — (DEGREE OR TITLE) M.D. — ADDRESS Spring Grove Hospital — DATE SIGNED 3-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/4/52 — NAME OF CEMETERY OR CREMATORY Camp Chapel Cem. — LOCATION (City, town, or county) Balto — (State) Md.

DATE REC'D BY LOCAL REG. 3/3/52 — REGISTRAR'S SIGNATURE Hel. Reduck (Deputy) — **24. FUNERAL DIRECTOR** Lassahn Funeral Home — ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

111432

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 7307 Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) Lassahn

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 9-1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August Dumer

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harry H. Lassahn 7307 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arrest in [illegible] Heart

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Uncertain

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1952, to Feb 25, 1952, that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 2.10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K. Wolf W. Mueller, M.D. 3009 Erdman Ave Balto 14 Feb 27 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 29-1952

NAME OF CEMETERY OR CREMATORY: Parkwood Mem.

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 2/28/52

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: John H. Miller ADDRESS: 2334 Jefferson St.

* Pt. Under regular care of [illegible] Summoned who was called to [illegible] Dr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Funeral Director's Statement, home call 2/27/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH — COUNTY: Baltimore Co., MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ...ndal
LENGTH OF STAY (in this place): Of ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91... ...ern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: ...rland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ...ndale
STREET ADDRESS (If rural, give location): 9... ...ern Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Hyatt	Lawson, Sr.	...	...	19 5...

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	...ried	1/12/1879	72 7... yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
...l Patrolman		...ltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Lawson	Elizabeth Bordley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. ... C. ... 91... ...ern Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis C.V. disease

422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19 46, to 2/25/52, that I last saw the deceased alive on 4/15/52; and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julius H. Gorton M.D. ADDRESS 3400 E. Baltimore DATE SIGNED 2/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/28/52	St. John's P. E.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/52	A W Hedrick	H. D. Peters and Son	805 N. Calvert St.

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 44

CERTIFICATE OF DEATH

Reg. Dist. No. 7-22 01122

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): 18 Orchard Drive

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) J. (Last) LEASE

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-28-17

9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Stem Motor Lines

11. BIRTHPLACE (State or foreign country): Libertytown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Lease

14. MOTHER'S MAIDEN NAME: Florence Irene Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 219-01-7933

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY TUBERCULOSIS	UNKNOWN
012 X Antecedent cause(s)	DUE TO (b)	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 1, 1952, to Feb. 7, 1952, [illegible] and that death occurred at 7:45 A. m., from the causes and on the date stated above.

SIGNATURE: Thomas C. Stansbury Jr. M.D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2-7-52

THOMAS C. STANSBURY, JR., M. D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/11/52 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Ellicott City, Maryland

DATE REC'D BY LOCAL REG. 2/10/52 — REGISTRAR'S SIGNATURE: 2/14/52 John B. Lynch Pm. R.C.L. Dawson L. Forbes

24. FUNERAL DIRECTOR — ADDRESS: Easton & Son Funeral Home, Main Street, Ellicott City, Maryland

VS-A15 8-51

RECEIVED
FEB 18 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

011435

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4307 Belmar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): 4307 Belmar Ave.

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) L. (Last) LEMMERT

4. DATE OF DEATH: (Month) Feb. (Day) 25th (Year) 1952

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Aug. 20, 1882 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Julius Weih
14. MOTHER'S MAIDEN NAME: Louise Kuzmuhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Geo. P. Lemmert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus — Interval between onset and death: 1½ years

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 2-18, 1952, to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE: L. L. Gondy (Degree or title): MD ADDRESS: 5106 Harford Rd DATE SIGNED: 2-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Feb. 27, 1952
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 2/27/52
REGISTRAR'S SIGNATURE: C. W. Hodges
24. FUNERAL DIRECTOR: Lansdale Funeral Home
ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1436

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 7 Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) Emory (Last) Lewis

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 30, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trav. Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Travelers Ins. Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 414 20 4031

17. INFORMANT AND ADDRESS: Mrs. Lillian [illegible] Lewis, 7 Ridge Rd. Cat.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE. — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-15, 19 52 to 2-23, 19 52, that I last saw the deceased alive on Feb-23, 19 52 and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: H. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville Md. DATE SIGNED 2/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 27/52

NAME OF CEMETERY OR CREMATORY Loudon Pk.

LOCATION (City, town, or county) Balto. 29, Md. (State)

DATE RECD BY LOCAL REG. 2/27/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Henry H. Meitzke ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Reisterstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cockeys Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Reisterstown
STREET ADDRESS (If rural, give location): Cockeys Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edwin (Last) Lockard

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 24 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY: Surety Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Lockard

14. MOTHER'S MAIDEN NAME: Fannie Elder Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 275-01-1155

17. INFORMANT: Mrs. James E. Lockard, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Myocardial infarction — 3 wks.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Coronary thrombosis — 3 wks

260X (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus — 10 years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 49, to 6 Feb, 19 52, that I last saw the deceased alive on 5 Feb, 19 52 and that death occurred at 3:02 A.m., from the causes and on the date stated above.

SIGNATURE: Paul H Royer M.D. (Degree or title) ADDRESS: Pikesville Md DATE SIGNED: 6 Feb 52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: Feb 8, 1952 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county): Pikesville, (State): Md.

DATE REC'D BY LOCAL REG.: 2-7-52 — REGISTRAR'S SIGNATURE: Daisy B. Elvins.

24. FUNERAL DIRECTOR: Wm Berryman & Sons ADDRESS: Reisterstown, Md.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01438

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Overlea; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 715 Old Home Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 715 Old Home Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) E. (Last) Loeffler

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 14-1891

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Violin Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Loeffler

14. MOTHER'S MAIDEN NAME: ? Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Mary B Loeffler-715 Old Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno-Carcinoma of the Sigmoid Colon

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia Secondary

19a. DATE OF OPERATION: Jan 31-52

19b. MAJOR FINDINGS OF OPERATION: Adeno-Carcinoma Sigmoid C Metastasis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1952, to Feb 16, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 9:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter A Anderson M.D. ADDRESS: 3001 Shannon Drive (13) DATE SIGNED: 2/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2-52; NAME OF CEMETERY OR CREMATORY: Parkwood; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2/18/52; REGISTRAR'S SIGNATURE: A.W.Hedrich DMR

24. FUNERAL DIRECTOR: D.J.Luck ADDRESS: 5305 Harford Rd

VS. A15

Dr. Anderson
3001 Shannon dr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 510 Stevenson Lane	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 510 Stevenson Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUIS	E.	LOHMAN	Feb.	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	March 9, 1895	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Bank Stationery	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward F. Lohman	Frederica Nolte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
yes World #1		Mrs. Marguerite Lohman-510 Stevenson Lane Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrage	2 days
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	4-5 yrs
	(c) Hypertension	(unknown)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary occlusion 8-10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 19 51, to Feb 20, 19 52, that I last saw the deceased alive on Feb 18, 19 52, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Samuel E. Brown Jr M.D	Towson, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/52	Balto. Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Wm. J. Eichner & Sons	Balto 17 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

140

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1927 MIDLAND RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 1927 MIDLAND ROAD

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) FRANKLIN (Last) LYONS.

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: FEB 20-1879

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OYSTERMAN

10b. KIND OF BUSINESS OR INDUSTRY: OYSTERING

11. BIRTHPLACE (State or foreign country): OXFORD MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS LYONS

14. MOTHER'S MAIDEN NAME: NANCY F. ISLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 244-09-6967

17. INFORMANT AND ADDRESS: ROGER LYONS 38 WOODROW AV-21

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4?

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Isaacs M.D. 1944 Kendall 2-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 2/18/52 | NAME OF CEMETERY OR CREMATORY OAK LAWN | LOCATION (City, town, or county) COLGATE MD (State)

DATE REC'D BY LOCAL REG. 2/18/52 | REGISTRAR'S SIGNATURE A.W. Hodrich M.D. | 24. FUNERAL DIRECTOR ULRICH FUNERAL HOME ADDRESS 211 DUNDALK

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1441

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 1305 Division Street

3. NAME OF DECEASED: (Type or Print) (First) ALMY (Middle) T. (Last) LYVERS

4. DATE OF DEATH: (Month) (Day) (Year) February 13 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-21-98

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bender Lyvers

14. MOTHER'S MAIDEN NAME: Frances Caranty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	CEREBROVASCULAR ACCIDENT WITH LEFT HEMIPLEGIA	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	HYPERTENSIVE CARDIOVASCULAR DISEASE WITH CONGES-	unknown
	DUE TO (c)	TIVE HEART FAILURE	

4434

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb.8, 1952, to Feb.13, 1952, [redacted] and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 2-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-17-52

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs. Samuel T. Hemsley ADDRESS 578 W. Biddle Street Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaywood; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Gaywood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville Gaywood; STREET ADDRESS (If rural, give location) 206 Gaywood Road.

3. NAME OF DECEASED (Type or Print): (First) Isabel (Middle) A (Last) MANNS

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 25 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick A. Manns

14. MOTHER'S MAIDEN NAME: Emma A. Remmey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Catherine M Greenwell - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 6 hrs

420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophic Arteriosclerotic C V Dis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1952, to Feb 13, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE: Chas E. Carr Jr. M.D. (Degree or title) ADDRESS: 6007 York Rd DATE SIGNED: 2/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Feb 16 1952; NAME OF CEMETERY OR CREMATORY: Eastern; LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 2/14/52; REGISTRAR'S SIGNATURE: A W Hulings

24. FUNERAL DIRECTOR: Hyfantis & Son ADDRESS: 4905 York Road

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1443

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) Five months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Maple Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Pine - R.F.D.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) JAMES (Last) MARCUS

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7/30/1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S.P.O.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. Marcus

14. MOTHER'S MAIDEN NAME: Elmyra Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Winifred McFarland 5 Maple Drive

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) MYOCARDIAL DEGENERATION, SUBACUTE.	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) AGING.	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	0	

4222

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1951, to Feb. 3, 1952, that I last saw the deceased alive on Feb. 1, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) M.D. ADDRESS 6348 Frederick Road Catonsville Md. DATE SIGNED 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 2/6/52; NAME OF CEMETERY OR CREMATORY: Wildwood; LOCATION (City, town, or county): Williamsport; (State): Pa

DATE REC'D BY LOCAL REG. 2/5/52; REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Mace Nabb Son; ADDRESS: Catonsville - Md -

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY in this place 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Howard and Eastern Blvd Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Marsh

4. DATE OF DEATH: (Month) Feb (Day) 29 (Year) 52

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Unknown | 9. AGE last birthday: 75? yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown | 10b. KIND OF BUSINESS OR INDUSTRY: Unknown | 11. BIRTHPLACE (State or foreign country): Unk. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Unk.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion (Sudden)

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-29-52 6:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. McCarmine M.D. (Degree or title) Deputy Balto. Co. ADDRESS Medical Examiner Dundalk 22 Md DATE SIGNED 2/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 3-4-52 | NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem. | LOCATION (City, town, or county): Balto. (State): Md

DATE REC'D BY LOCAL REG.: March 4, 1952 | REGISTRAR'S SIGNATURE: Edith Hurley | 24. FUNERAL DIRECTOR: John G. Connelly | ADDRESS: 418 Eastern Ave Balto 24, Md

RECEIVED
MAR 6 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01445

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govanlea, Baltimore 14 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairdale, Baltimore 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2809 Emerald Road	STREET ADDRESS (If rural, give location) 2809 Emerald Road

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) R	(Last) Mays	4. DATE OF DEATH (Month) Feb (Day) 14 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	APR. 21. 1908	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INSURANCE SALESMAN	R.T. GARDNER Co.	Balto Co.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Irvin Mays	Martha Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Leona Mays 2809 Emerald Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin L. Hudson M.D., D.M.E.		Towson Md	2/14/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/16/52	Moreland Mem.	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-15-52		Paul A Steinmann	6062 Harford Rd

VS-415A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rockdale; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3628 Marriotsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pine Orchard - Rural; STREET ADDRESS (If rural, give location) Rural - Pine Orchard, Md.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Wil (Last) Meldrum

4. DATE OF DEATH: (Month) 2 (Day) 29 (Year) 1952

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 4/1/1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES T. WILLIAMS.

14. MOTHER'S MAIDEN NAME: MARGARET V. CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Son - Clarence Meldrum - 3628 Marriotsville Road Rockdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — Interval Between Onset and Death: 2 Years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 21, 1949, to February 29, 1952, that I last saw the deceased alive on 2/29, 1952, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE: Edwin L Pierpont M.D. (Degree or title) ADDRESS: 8204 LIBERTY Rd, Balto 7 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/4/52 | NAME OF CEMETERY OR CREMATORY: Mt. Johns Cem | LOCATION (City, town, or county) (State): Ellicott City Md.

DATE REC'D BY LOCAL REG. 3-1-52 | REGISTRAR'S SIGNATURE: D V C Nichols

24. FUNERAL DIRECTOR: Easton Sons ADDRESS: Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 264 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 264 Baltimore Ave

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) (Last) Metallo
4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28 1889
9. AGE last birthday: 62 yrs. If under 1 year: Months 9 Days 8 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sect. Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): Sala di Caserta Italy
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Lorenzo Metallo
14. MOTHER'S MAIDEN NAME: Maria Fiorentino
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-3439
17. INFORMANT AND ADDRESS: Christina Metallo (Wife) 264 Baltimore AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D.V. Travers M.D. Dep. Med. Exam. - Dundalk-Pr. Geo. Md. 2/4/52

23. BURIAL CREMATION REMOVAL (Specify) Burial | DATE THEREOF Feb. 6 1952 | NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem. | LOCATION (City, town, or county) (State) 1300 Dundalk Ave Bal. Md.

DATE REC'D BY LOCAL REG. 2/4/52 | REGISTRAR'S SIGNATURE Wm. F. Redmond Deputy

24. FUNERAL DIRECTOR Brault Della Wee ADDRESS 322 S. High St.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 164 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 316 S. Poppleton Street

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) E. (Last) MILES

4. DATE OF DEATH: (Month) February (Day) 17 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-4-85

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months / IF UNDER 24 HRS. Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Soldier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Miles

14. MOTHER'S MAIDEN NAME: Carie Danze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I & II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	PULMONARY EDEMA	12 hours
333.X Anteeedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	ENCEPHALOMALACIA	unknown
	DUE TO (c)	CEREBRAL THROMBOSIS	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 19 51 to Feb. 17, 1952, [redacted] and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Thomas C. Stansbury Jr. M. D., VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-20-52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 2-20-52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR AND ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

R.D.

MARYLAND STATE DEPARTMENT OF HEALTH 0141

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1B

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 736 Frederick Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 736 Frederick Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) ELIZABETH (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): 2/7/52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6/28/1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: Lisette Harmitech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Walter Hardy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC MYOCARDITIS. — Interval between onset and death: 6 Mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) SENILITY. — Years

(c)

472 ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Feb. 7, 1952, that I last saw the deceased alive on Feb. 1, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE: J. Hoyt Johnson MD — ADDRESS: 6348 Frederick Road Catonsville Md. — DATE SIGNED: 2/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/12/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: 2/11/52 — REGISTRAR'S SIGNATURE: E. E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Hull & Son Catonsville

RECEIVED
FEB 13 1952
BUREAU V. S.

FORMER ADDRESS NORTWOOD APTS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gwyn Oak.
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gwyn. Oak
STREET ADDRESS (If rural, give location) 6811 CAMPFIELD Rd.

3. NAME OF DECEASED (Type or Print): (First) EMMA. (Middle) (Last) MOMBERGER
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 3/17/75
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BALTO. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas WOLPMAN
14. MOTHER'S MAIDEN NAME: LOUISA KRACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: FRED. HEEMANN MOSSWAY.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	- 4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio - Sclerosis	- 5 yrs.
	(c)	

4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1952, to Feb. 17, 1952, that I last saw the deceased alive on Feb. 16, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Earl L. Chambers M.D. 4108 Liberty Hts Ave Baltimore 7 Md

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 2/20/52
NAME OF CEMETERY OR CREMATORY: IMMANUEL
LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REG. 2/19/52
REGISTRAR'S SIGNATURE: A.W.HEDRICH
24. FUNERAL DIRECTOR: PAUL A. HEEMANN ADDRESS: 6067 HARFORD Rd.

✓ DMR.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4 — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1739 Glen Ridge Rd. Sheppard Pratt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY Mercer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton
STREET ADDRESS (If rural, give location) 864 White Horse Ave.

3. NAME OF DECEASED (Type or Print): (First) Mae (Middle) Alicia (Last) Mudge

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Feb. 28 1895 — 9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Trenton New Jersey — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Darby — 14. MOTHER'S MAIDEN NAME: Julia A. Craver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Irene C. Mudge, Jr. 864 White Horse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, coronary occlusion — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

IIIa. DATE OF OPERATION — IIIb. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Chas. C. Hudson (Degree or title) M.D., D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 2/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: 2-18-52 — NAME OF CEMETERY OR CREMATORY: Ewing Cem. — LOCATION (City, town, or county): Trenton — (State) NJ

DATE REC'D BY LOCAL REG. 2/14/52 — REGISTRAR'S SIGNATURE: A W Hudson — 24. FUNERAL DIRECTOR: N J Kirk — ADDRESS: 5365 Hartford Rd

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D-452

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place) 12 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1906 Tolson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 1906 Tolson Ave

3. NAME OF DECEASED (Type or Print): (First) Maria (Middle) (Last) Murare
4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 30 1880
9. AGE last birthday: 71 yrs. | If under 1 year: Months 8 Days 27 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Treviso Italy
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ? Menin
14. MOTHER'S MAIDEN NAME: Maria ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT: Giovanni Murare 1906 Tolson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of breast — 1½ Mos.

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 195[illegible] — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 19 52, to Feb. 26, 19 52, that I last saw the deceased alive on Feb. 26, 19 52, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Eugene R. Evans M.D. Liberty Catonsville Feb. 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 1st 1952 — NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery — LOCATION (City, town, or county) (State): German Hill Rd. Dundalk Md

DATE REC'D BY LOCAL REG. 2/29/52 — REGISTRAR'S SIGNATURE: A V Dennis — 24. FUNERAL DIRECTOR: Arnold Della Rocca — ADDRESS: 322 S. High St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01453

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Glenmore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 124 W. Mosher St

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) T (Last) MYERS

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: Oct 22 - 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Schmehling

14. MOTHER'S MAIDEN NAME: Barbara Yoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Carl E Witzke 203 Glenmore Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause . . . (a) Cardiac Insufficiency — Interval Between Onset and Death: 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive - arteriosclerotic cardio-vascular disease. — 17 yrs.

4434

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1951, to Feb 7, 1952, that I last saw the deceased alive on Jan 31, 1952, and that death occurred at 7.15 A. m., from the causes and on the date stated above.

SIGNATURE: Joshua Trostle J. (Degree or title) M.D. ADDRESS 20 E. Preston St. Balt. 2, Md DATE SIGNED 2/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/8/52

NAME OF CEMETERY OR CREMATORY: Loudin Park Cem.

LOCATION (City, town, or county) (State): Balto MD

DATE REC'D BY LOCAL REG.: 2/8/52

REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: Charles F. Evans & Son ADDRESS 118 W. Mt. Royal Ave.

Dor

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1[illegible]30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 7 yrs. 1 mth. 27 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) (Unknown)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ROBERT		NAUMAN	February 18, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	9-17-1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Newark, New Jersey	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gustav Nauman	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 420.0	(a) Coronary Thrombosis	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	years
	DUE TO (c) Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1952, to Feb. 18 1952, that I last saw the deceased alive on Feb. 18, 1952, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Greus (DEGREE OR TITLE) M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 2-18-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/28/52	University Md. School	Baltimore City Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/23/52	V. E. Harry	Frances A. Hemsley	578 W. Biddle St.

RECEIVED
FEB 26 19??
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rel. Opitz Nurs. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 512 Hollins st

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) R. (Last) Nelson

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 12-17-66

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Paul Reinhardt

14. MOTHER'S MAIDEN NAME: anna B. Nagel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Elmer Nelson 2755 Riggs Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: unknown

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Feb, 1952, that I last saw the deceased alive on Feb 4, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo Opitz M.D. / Mallow Hill Ave, Baltimore 29 Md 2/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-26-52

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 2/26/52

REGISTRAR'S SIGNATURE: H W Hedrick Dpty

24. FUNERAL DIRECTOR: Ges L Beyard

ADDRESS: 512 Hollins St Balt 23 Md

Item 18 ByPhone Dr. Peterman.2-18-52ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]5b

CERTIFICATE OF DEATH

Reg. Dist. No. 409

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 63 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22

STREET ADDRESS (If rural, give location) 3455 Yardly Drive

3. NAME OF DECEASED: (First) ROBERT (Middle) P. (Last) NEWSOME

4. DATE OF DEATH: (Month) (Day) (Year) February 12 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-1-26

9. AGE last birthday: 26 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weighmaster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert P. Newsome, Sr.

14. MOTHER'S MAIDEN NAME: Vera Frances Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 220-12-6536

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) POLIOMYELITIS, (SUBACUTE) Quadraplegic Paralytic — 2 months

080.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec.11, 19 51, to Feb.12, 19 52, [illegible] and that death occurred at 2:45 A. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (DEGREE OR TITLE) ADDRESS

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.

DATE SIGNED 2-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/15/52

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/13/52

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc. St. Paul & Preston Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place) 10yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 S. Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 22 S. Hill

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) A. (Last) Owens

4. DATE OF DEATH: (Month) (Day) (Year) 2 / 20 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 16, 1896

9. AGE last birthday: 55 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Carrollton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. E. Owens

14. MOTHER'S MAIDEN NAME: Margaret M. Uebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Wm. Edmiston, Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Breast with generalized — Interval Between Onset and Death: 2 yrs

MOK Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to Feb 20, 1952, that I last saw the deceased alive on Feb 11, 1952, and that death occurred at ... P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic U. Bentley M.D. 723 Medical Arts Bldg - Balto. Md. 2-20-52.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2/23/52 — NAME OF CEMETERY OR CREMATORY Pine Hill Cemetery — LOCATION (City, town, or county) (State) 4200 Old Frederick Road

DATE REC'D BY LOCAL REG. 2/20/52 — REGISTRAR'S SIGNATURE A.W. Hedrich DMR

24. FUNERAL DIRECTOR — ADDRESS Jos. L. Cowan & Son 901 Hollins Street

Items 7, 11 Fil 6139 2/19/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pine 16 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 407 Brice St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Papa

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 18 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months 6 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Antonio Papa

14. MOTHER'S MAIDEN NAME: Stella Marsiglia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 1st W.W.

16. SOCIAL SECURITY NO.: 216-03-2333

17. INFORMANT: Antony Papa 4411 Mainfield Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac dilatation — Interval Between Onset and Death: 12 hrs.

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertension Cardio-Vascular Disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans. — 5 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1952, to 2-10, 1952, that I last saw the deceased alive on 2-9, 1952, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

SIGNATURE: Wilmer K. Falkenau (Degree or title) M.D. ADDRESS: Catonsville 28 Md. DATE SIGNED: 2-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 13 1952

NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery

LOCATION (City, town, or county) (State): 01 Frederick Rd. Balt. Md.

DATE REC'D BY LOCAL REG. 2/12/52

REGISTRAR'S SIGNATURE: A.W. Redmond

24. FUNERAL DIRECTOR: Frank Deller Sons ADDRESS: 325 High St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Aigburth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 9 Aigburth Road

3. NAME OF DECEASED (Type or Print): (First) JOHANNA (Middle) JOHNSON (Last) PASSANO

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 17, 1882

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Helen Tack, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Decompensative Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1951, to Feb 3, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Laurence C. Pack — (Degree or title) M.D. — ADDRESS: 6805 York Rd — DATE SIGNED: Feb 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 5, 1952 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Parkville, Md.

DATE REC'D BY LOCAL REG.: Feb. 5, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]50

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30
STREET ADDRESS (If rural, give location): 424 Eden Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WILLIAM (Last) PATTERSON

4. DATE OF DEATH: (Month) (Day) (Year) February 10 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	Colored	Single	8-7-93	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Junker		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Patterson	Elizabeth Langford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	212-14-8438	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) GASTRO-INTESTINAL HEMORRHAGE, CAUSE UNKNOWN	2 weeks
0258 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) SYPHILITIC AORTITIS	6 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 21 1952, to Feb. 10, 19 52, [illegible] and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Irving Freeman
IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 2-12-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/195[illegible]	Baltimore [illegible] Cem.	Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR: 2/13/52
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS
Elroy O. Wilson — 1510 Orleans Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks — LENGTH OF STAY (in this place) life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Stabler (Last) Pearce

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 10, 1865

9. AGE last birthday: 86 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Sparks, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Cole Pearce

14. MOTHER'S MAIDEN NAME: Margaretta Stabler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-14-8700

17. INFORMANT AND ADDRESS: Mrs. D.S. Pearce, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 51, to Feb 20, 19 52, that I last saw the deceased alive on Feb 19, 19 52, and that death occurred at 7 30 PM m., from the causes and on the date stated above.

SIGNATURE: C. N. France — (Degree or title) M.D — ADDRESS Fairston Md — DATE SIGNED 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 23, 1952 — NAME OF CEMETERY OR CREMATORY: Bosley's Methodist — LOCATION (City, town, or county) (State): Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REG. 2/21/52 — REGISTRAR'S SIGNATURE: Wm. J. Whitworth — 24. FUNERAL DIRECTOR: J. Scott Brooks — ADDRESS Sparks, Md.

VS. A-5

RECEIVED
U.S. AVENUE
QUEENS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 9 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Fusting Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 25 Md.
STREET ADDRESS (If rural give location) 104 Fusting Ave

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) T. (Last) Person

4. DATE OF DEATH: (Month) Feb. (Day) 6th (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June.4.1893

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman

10b. KIND OF BUSINESS OR INDUSTRY: Water Front

11. BIRTHPLACE (State or foreign country): Carthage N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Person

14. MOTHER'S MAIDEN NAME: Fannie Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Louise Person 104 Fusting Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset and Death: 4 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 19.52 to 2-6-, 19.52 that I last saw the deceased alive on 2-6-, 19.52 and that death occurred at 12.40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C.F. Maloney MD

ADDRESS: 57 Winter Lane Balto 28

DATE SIGNED: 2-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/9/1952

NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 2/8/52

REGISTRAR'S SIGNATURE: Rev. Medford Shue

24. FUNERAL DIRECTOR: Elroy O. Wilson

ADDRESS: 1000 Bromley Ave

Item 9 Film G139 2/11/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 144 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 24 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queen Anne, Md. P.O. Box

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) E. (Last) PINKNEY

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/15/16

9. AGE last birthday: 35 ~~36~~ yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Queen Anne, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reggie Pinkney

14. MOTHER'S MAIDEN NAME: Nora Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 218-10-4225

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary TBC, bilateral, far advanced. — 6 years

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 9, 1952, to Feb. 2, 1952, [redacted] and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE A. E. Pugh (DEGREE OR TITLE) M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 6/52 — NAME OF CEMETERY OR CREMATORY Sanctuary — LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 2/6/52 — REGISTRAR'S SIGNATURE D. L. Farber

24. FUNERAL DIRECTOR J. V. Moore & Son Funeral Home — ADDRESS Denton Md

U.S. AIR 8-51

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto - LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7500 Cypress Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Balto Md. X

3. NAME OF DECEASED (Type or Print): (First) Alick (Middle) Marion (Last) Powell
4. DATE OF DEATH: (Month) 2 - (Day) 11 - (Year) 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-10-82
9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self -
11. BIRTHPLACE (State or foreign country): Balto -
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thos Powell
14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mary J. Powell Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Head of Pancreas — 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 years
(c) Intra Stenosis — 15 years

157.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 1952
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Pancreas & Liver
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1952, to Feb 11....., 1952, that I last saw the deceased alive on Feb 11....., 1952, and that death occurred at 11.55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M a Jacobs MD 1010 Smith pk Rd Feb 13 - 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-15-52
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2/19/52
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: Turner Funeral Home ADDRESS: 403 S Wolfe St.

VS. ALL

1010 North 14 Road.

Item 8 Film G139 2/25/52 whw

Died 4:20 a m.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall 19 Harrison ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY #6; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rossville Md.; STREET ADDRESS (If rural, give location) Ridge Road. #6

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Julia	Ursula.	Price	2	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		9/3/1859	92. yrs.	5	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		Chance Md	Luxemburg

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hamilton Jones.	REBECCA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO		MRS. JOHN BORGERDING PHILA RDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	2 days
420.1 Antecedent cause(s)	(b) A-S. C-V diseases	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2/13, 1952, to 2/14, 1952, that I last saw the deceased alive on 2/13, 1952 and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. Lewis Kolodny MD	45 Edgevale Apts Balto 21, Md	2/14/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	FEB 14 1952	CHANCE MD	CHANCE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/14/52	A W Hedrick	ULLRICH FUNERAL HOME	2048 ORLEANS ST

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH — COUNTY: Balto. — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brndalk — LENGTH OF STAIN (in this place): 22 yrs. — HOSPITAL OR INSTITUTION (If not in hospital or institution, give STREET ADDRESS): Old North Pt. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same. — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	Cummins	Price	Feby	21	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Sept 16-1905	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairy Farmer	Farming	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac N. Price	Mammie Hutcherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Mrs Rudolph Price Balto 20 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
2-21-52 1 p.m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) — ADDRESS — DATE SIGNED

J. McLearmore M.D. Deputy Medical Examiner Balto Co. Brndalk Md 2/21/52

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2/21/52	Glen Hill	Roanoke Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb-21-1952	William M. Kelly	Ulrich Funeral Home	Brndalk 2/12

RECEIVED
FEB 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 101 Willow Spring Road

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) Lee (Last) Purcell

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 8 1890

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Dept

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee Purcell

14. MOTHER'S MAIDEN NAME: Catherine Weigel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Lillian Purcell 101 Willow Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 15 min.

420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 9 05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David H. Andrew MD — ADDRESS: 33 Dundalk Ave Dundalk Md (22) — DATE SIGNED: Feb 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 6/52 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG. 2/5/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 2112 Dundalk

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sister Mary Emerita (Middle) Rampf (Last)

4. DATE OF DEATH (Month) February (Day) 27 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH April 13 1874 | 9. AGE last birthday 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher | 10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS. | 11. BIRTHPLACE (State or foreign country) N.Y. City | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Rampf born in Germany | 14. MOTHER'S MAIDEN NAME Frances Hauser born in Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	24 hrs.
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 28 Allegheny Ave Towson. 2-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF MARCH 1 1952 | NAME OF CEMETERY OR CREMATORY VILLA MARIA | LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG. 2/28/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR, ADDRESS Frances V. Geiler 901 S. Conkling St. Baltimore, 24, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 150 Howard Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; STREET ADDRESS (If rural, give location) 150 Howard Ave

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Ransford

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 1

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Jacob Klubt

14. MOTHER'S MAIDEN NAME: Lena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Oscar Ransford - 4914 Lindsay Ld

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V-D — 10 yrs?

422.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1952, to Feb 23, 1952, that I last saw the deceased alive on Feb 21, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: C. Clifton Rossberg (Degree or title) M.D. ADDRESS 2436 Washington Blvd-30 DATE SIGNED 2/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2/24/52

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: FEB 24 1952

REGISTRAR'S SIGNATURE: Huntington Williams, M.D. A. W. Fredrick

24. FUNERAL DIRECTOR ADDRESS: Fort Lewis Inc - 2100 Eutaw Pl.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 26, 1952
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ CHO REGISTRAR No. — DATE 2/26/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01470

CERTIFICATE OF DEATH

Reg. Dist. No. 3V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 510 Wilton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 510 Wilton Rd.

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) D. (Last) REED

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1952

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Aug. 17, 1888 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward S. Duvall | 14. MOTHER'S MAIDEN NAME: Emma Orwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mr. W. Frank Reed - 510 Wilton Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Non Tropical Sprue

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 286.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Feb 26, 1952, that I last saw the deceased alive on Feb 26, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Laurence C. Post M.D. | ADDRESS 6805 York Rd | DATE SIGNED 2/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/29/52 | NAME OF CEMETERY OR CREMATORY Lorraine Cem. | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. 2/29/52 | REGISTRAR'S SIGNATURE a w Hedrick | 24. FUNERAL DIRECTOR J. M. J. Ichner & Sons | ADDRESS Catonsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4102 West Drive (29)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto. (29)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): 4102 West Drive

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Cornelia (Last) Reigle

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 31 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Prince George Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Simpson

14. MOTHER'S MAIDEN NAME: ? Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. William T. Reigle - 4102 West Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 minutes

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John F. Coolahan M.D. 4201 Walker Ave Feb 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 1, 1952

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 2/29/52

REGISTRAR'S SIGNATURE: A W Hebron

24. FUNERAL DIRECTOR ADDRESS: John T. Stansbury 2700 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11472

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Rural~~ Balto Co Raspeburg Life. LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4908 Hazelwood Ave.	STREET ADDRESS (If rural give location) 4908 Hazelwood Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	A	Reinhardt	Feb	16	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Nov 11 1884.	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tavern Keeper	Own Business	Balto Co Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Reinhardt	Charlotte A. Wolfrum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	None	Mrs Jos A Reinhardt 4908 Hazelwood Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclerotic Cardio-Vacular Disease	
422-1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 19 52, to Feb. 16, 19 52, that I last saw the deceased alive on Feb. 14th, 19 52, and that death occurred at 7 50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William H. Fusting	M.D.	11 E. Chase St., Balto-2, Md.	2-18-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-19-1952	Parkwood Cemetery	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/52	A.W.Hedrich	Leander Funeral Home	7401 Belair Rd.

DMR

VS-415 T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 71 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23

STREET ADDRESS (If rural, give location): 1526 Hollins Street

3. NAME OF DECEASED: (First) CARIS (Middle) W. (Last) RICHARDSON

4. DATE OF DEATH: (Month) February (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-15-72

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Advertising Manager

10b. KIND OF BUSINESS OR INDUSTRY: Advertising

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Richardson

14. MOTHER'S MAIDEN NAME: Bertha Reisinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 420.0	(a) ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FIBRILLATION.	60 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS	Unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30..., 19.51., to Feb. 9..., 19.52. [illegible] and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

VINCENT C. EARECKSON, JR. M.D. VAH, FORT HOWARD, MARYLAND 2-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-13-52

NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): 2930 Frederick Ave. Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/11/52

REGISTRAR'S SIGNATURE: a w Bryant

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home 6009 Harford Rd. Baltimore, Md.

Mildred J Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 30; HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Church Road

3. NAME OF DECEASED (Type or Print): (First) CLINTON (Middle) McCONKEY (Last) RIDER

4. DATE OF DEATH: (Month) Feb. (Day) 29, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: May 5 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bacteriologist

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Lab.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William B. Rider

14. MOTHER'S MAIDEN NAME: Kate Bateman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 163-07-9330

17. INFORMANT AND ADDRESS: Nancy Rider - Sister - Church Rd. Owings Mills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Artery Insufficiency — Interval Between Onset and Death: 3 wks.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b): 260X

(c): Diabetes — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Not an injury. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? Not an injury

22. I hereby certify that I attended the deceased from 2-12, 1952, to 2-29, 1952, that I last saw the deceased alive on 2-28, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 3-3-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF: March 3, 1952 NAME OF CEMETERY OR CREMATORY: Druid Ridge LOCATION (City, town, or county): Pikesville (State): Md.

DATE REC'D BY LOCAL REG.: 3-2-52 REGISTRAR'S SIGNATURE: Mary B. Cline.

24. FUNERAL DIRECTOR: John O. Mitchell Sons ADDRESS: 1900 Eutaw Pl.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 7 1962
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]75

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 64 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ruxton

STREET ADDRESS (If rural, give location): Ellenham Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOSEPH	G.	RIDGELY	February 27 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Male	White	Married	1-3-90	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Real estate man		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Ridgely	Mary Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I & II	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) CIRRHOSIS OF LIVER — DUE TO — UNKNOWN

581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-25, 19 51, to 2-27, 19 52, [illegible] and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE: THOMAS C. STAINSBURY, JR., M. D. — (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 2-28-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-28-52	Arlington National	Fort Myer, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/29/52	[signature]	Howard Blight Funeral Home - 6009 Harford Rd., Baltimore, Md.	

SHIP TO: W. W. Chambers Co., 1400 Chapin St., Washington, D. C.

VS. A10 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7105 Plymouth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location): 7105 Plymouth Rd.

3. NAME OF DECEASED (Type or Print): (First) REGINA (Middle) F. (Last) RIEHL

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 25, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Gessner

14. MOTHER'S MAIDEN NAME: Ella McCaffrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mr. Calvin E. Riehl - 7105 Plymouth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Failure	two minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Sclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular Disease — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1946, to Feb 16, 1952, that I last saw the deceased alive on Feb 16, 1952, and that death occurred at 9 p. m., from the causes and on the date stated above.

SIGNATURE: Louis Dalman (Degree or title) ADDRESS: Pikesville 8, Md DATE SIGNED: 2/18/1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/20/52 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 2/19/52 — REGISTRAR'S SIGNATURE: A.W.Hedrich

24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Wickener & Sons - Balto 17 Md.

DMR

VS: A15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Roberts

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 15 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer - Plumber

11. BIRTHPLACE (State or foreign country): Phila. Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George B. Roberts

14. MOTHER'S MAIDEN NAME: Elizabeth Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Naomi Reinhard Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 6 days

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis, 2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1950, to Feb. 4th, 1952, that I last saw the deceased alive on Feb. 3, 1952, and that death occurred at 8.05 A.m., from the causes and on the date stated above.

SIGNATURE James A. Miller Jr. (Degree or title) ADDRESS Pikesville 8 Md. DATE SIGNED 2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-7-52 | NAME OF CEMETERY OR CREMATORY: Oakwood | LOCATION (City, town, or county) (State): Dalto Md.

DATE REC'D BY LOCAL REG. 2/5/52 | REGISTRAR'S SIGNATURE: H. W. Hebrud | 24. FUNERAL DIRECTOR: D. J. Tuck | ADDRESS: 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Registered No. 01178

BIRTH NO

1. NAME OF DECEASED (Type or Print): Lula H. Robinson

2. DATE OF DEATH: Feb. 9, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6406 Arundel Cove Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6406 Arundel Cove Ave.

5 SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
F	W	Widowed	Dec. 1871	80				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Tenn.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert N. Green	Elizabeth Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
-	-	-	Mr. Clyde Summers	6406 Arundel Cove

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1941 *to* Feb 9, 1952 *that I last saw the deceased alive on* Feb 8, 1952 *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Albert Scagnetti M. D.	1724 W. Lombard St	2/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2/12/52	Jones Cemetery	Walton, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 10 1952	Hunter Williams, M.D.	John F. Denny, Inc.	715 Light St

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLING INK. Every item of information should be carefully supplied. The correct age is especially inns: please write the causes of death clearly and legibly.

IN RESERVED FOR BINDING

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 8179 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Burkleigh Sq.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 11 Burkleigh Sq.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M. (Last) Scheller
4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-24-1900
9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Horney
14. MOTHER'S MAIDEN NAME: Alice Eisenhour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. *
17. INFORMANT: Frederick W. Scheller, 11 Burkleigh Sq.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, vascular; coronary occlusion — Sudden

274.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Addison's disease — 1 1/2 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Rollin E. Hudson M.D. DME. Towson, Md. 2/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-6-1952 — NAME OF CEMETERY OR CREMATORY: Oaklawn — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 2/5/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX (BALTIMORE 21)
LENGTH OF STAY (in this place) 1 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 352 MONTROSE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY N. UMBERLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ATLAS
STREET ADDRESS (If rural, give location) 218 W. GIRARD

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) — (Last) SCHIAVONE
4. DATE OF DEATH: (Month) FEB (Day) 15 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 4 OCT 1886
9. AGE last birthday 65 yrs. If under 1 year: Months 4, Days 11, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER
10b. KIND OF BUSINESS OR INDUSTRY MINES (COAL)
11. BIRTHPLACE (State or foreign country) ITALY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME PETER SCHIAVONE
14. MOTHER'S MAIDEN NAME ELIZABETH SERGI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS JOSEPHINE MEKULSKI (DAUGHTER) 352 MONTROSE BALTO 21

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) UPPER RESPIRATORY INFECTION	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	1 YEAR
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

422

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 FEB, 1952, to ....., 19....., that I last saw the deceased alive on D.O.A., 19....., and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Lovett Ashley Jr. M.D. 1000 Million Dollar Bldg Balto 1.0 15 Feb 52

23. BURIAL, CREMATION / REMOVAL (Specify) Removal
DATE THEREOF 2/15/52
NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
LOCATION (City, town, or county) (State) Mt Carmel Pa.

DATE REC'D BY LOCAL REG. February 15 1952
REGISTRAR'S SIGNATURE Edith Worley
24. FUNERAL DIRECTOR John F. Connelly
ADDRESS Essex

RECEIVED
FEB 18 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A12

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY in this place: About 8 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: House In The Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 720 S.Clinton St.

3. NAME OF DECEASED (Type or Print): (First) A. (Middle) KUNIGUNDA (Last) SCHMIDT

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 21, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Work.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mueller

14. MOTHER'S MAIDEN NAME: Margaret Schnaberich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Aloysius Schmidt 720 S. Clinton St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral stenosis & insufficiency

410 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1947, to Feb 22, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 1-9 m., from the causes and on the date stated above.

SIGNATURE: Milton Kesselman (Degree or title) MD ADDRESS: 1429 W Saratoga DATE SIGNED: Feb 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 28, 1952 | NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery | LOCATION (City, town, or county) (State): 7401 German Hill Rd. Ba Co. Md.

DATE REC'D BY LOCAL REG.: 2/28/52 | REGISTRAR'S SIGNATURE: A Wilkins | 24. FUNERAL DIRECTOR: Charles L. Filer | ADDRESS: 901 S. Conkling St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1162

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Burke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 205 Burke Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	D.	SCHMIDT	Feb.	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Dec. 14, 1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
police	City	Germany	

13. FATHER'S NAME: Jacob Schmidt

14. MOTHER'S MAIDEN NAME: Siebradina Hoog Estraat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. May Schmidt-205 Burke Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of bladder, c — Interval between onset and death: Approx 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized metastases — 2 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1951	Carcinoma of bladder	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Feb 19, 1952; that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 10⁴⁵ 8 m., from the causes and on the date stated above.

SIGNATURE: John D. Young Jr (Degree or title) M.D. ADDRESS 11 E. Chase St., Balto-2, DATE SIGNED 2-20-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/52	Parkwood Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/21/52	A.W.HEDRICH	Wm. Hickman & Sons	Balto 17 Md.

DMR.

MARYLAND STATE DEPARTMENT OF HEALTH

1483

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3464 Liberty Pkwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 3464 Liberty Parkway

3. NAME OF DECEASED (Type or Print): (First) STEWART (Middle) AUGUST (Last) SCHMIDT, JR

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 19 52

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S | 8. DATE OF BIRTH: Oct 2 1951 | 9. AGE last birthday: yrs. | If under 1 year: Months 4, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stewart A Schmidt | 14. MOTHER'S MAIDEN NAME: Vera Hafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Stewart A Schmidt 3464 Lib Pky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital hydrocephalus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection and Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Stanley K. Dunbacher M.D. | 700 Fleet St. Baltimore | Feb 24, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 2/27/52 | NAME OF CEMETERY OR CREMATORY Parkwood Cem | LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 2/25/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Wm. A. Hedrick | Wm. A. Hedrick Funeral Home | 2112 Dundalk

VS. ANA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01484

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govanent
LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2819 Pennsylvania ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roseemount
STREET ADDRESS (If rural, give location) 2819 Pennsylvania ave

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) S (Last) Schmuck. Sr.

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 3 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Schmuck

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-30 7218

17. INFORMANT: Kathrine Schmuck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Hemorrhage, right — Interval between onset and death: 12 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio Vascular Disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1948, to 2-2, 1952, that I last saw the deceased alive on 2-2, 1952, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: John P. Schmuck, Jr. (Degree or title) MD ADDRESS 1227 Wash. Blvd DATE SIGNED 2-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Feb 5-1952 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) (State) Frederick ave Balto City Md

DATE RECD BY LOCAL REG. 2/4/52 — REGISTRAR'S SIGNATURE A. M. Redmond

24. FUNERAL DIRECTOR Bernard Harle — ADDRESS 1000 S PACA ST.

Over

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
LENGTH OF STAY (in this place) 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.R. Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location) Long Green Pike

3. NAME OF DECEASED (Type or Print): (First) Voelker (Middle) Martin (Last) Schweikart

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1952

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 2, 1892 | 9. AGE last birthday 59 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station R.R. agent | 10b. KIND OF BUSINESS OR INDUSTRY Station Agent | 11. BIRTHPLACE (State or foreign country) Balto Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin Schweikart | 14. MOTHER'S MAIDEN NAME Elizabeth Voelker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 705-10-8966 | 17. INFORMANT AND ADDRESS Elaine P. Schweikart, Glenarm Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, myocarditis chronic with sudden failure — 5 yrs

422 2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Collins C. Hudson M.D. (Degree or title) DME. ADDRESS Towson Md DATE SIGNED 2/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 2-1952 | NAME OF CEMETERY OR CREMATORY Fork M. Cemetery | LOCATION (City, town, or county) (State) Fork Md.

DATE REC'D BY LOCAL REG. Feb. 1-1952 | REGISTRAR'S SIGNATURE C. E. Cuthbert D.Z. Reg. | 24. FUNERAL DIRECTOR C. E. Cuthbert | ADDRESS Fork Md.

VS. A15A

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 7, 1952
BUREAU V. S.

Item 8 Film 140 3/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Bal to MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7164 Holabird Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) C (Last) Schwimger

4. DATE OF DEATH: (Month) 2- (Day) 24 - (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-24-527[illegible]

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Taylor Evans

14. MOTHER'S MAIDEN NAME: Margaret Aburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Martin Baier- same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. Disease — Interval Between Onset and Death: 2 yrs 15/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Myocarditis — Interval: Since 15/51

(c) Acute Coronary Occlusion — Interval: 2-24-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 3-15, 1951, to 2-24, 1952, that I last saw the deceased alive on 2-24, 1952 and that death occurred at 5:17 m., from the causes and on the date stated above.

SIGNATURE: T A Schimunek (Degree or title) M.D. ADDRESS 8412 Eastern DATE SIGNED 2-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-27-52 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Baltimore, Md.,

DATE REC'D BY LOCAL REG. 2/25/52 — REGISTRAR'S SIGNATURE: C V Helmick

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler, 403 S. Wolfe Street

Lilly & Zeiler - also -

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

Item 7 FilmG139 2/25/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8157

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKTON
STREET ADDRESS (If rural give location) YORK ROAD

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) Victoria (Last) SCOTT

4. DATE OF DEATH (Month) (Day) (Year) FEB. 9-1952 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH ? March 15 1856 | 9. AGE last birthday 95 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME McGuinn
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT F. B. Wippert, Funl. Dir.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia - Virus — 11 days

492X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac decompensation — 9 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Feb, 1952, that I last saw the deceased alive on 7 Feb, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (Degree or title) M.D. ADDRESS Cockeysville Md. DATE SIGNED 9 Feb. 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 2/12/52 | NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery | LOCATION (City, town, or county) (State) Laural-Maryland

DATE REC'D BY LOCAL REG. 2/12/52 | REGISTRAR'S SIGNATURE D. W. Redwood M.D. | 24. FUNERAL DIRECTOR F. B. Wippert & Son | ADDRESS F.B.WIPPERT & SON 1300 Eutaw pl. 17

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm Md
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) C. (Last) Shearman

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1952

5. SEX: Mal. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible] | 8. DATE OF BIRTH: July 19-1869 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Shearman
14. MOTHER'S MAIDEN NAME: Mary [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: Ford D. Shearman Glenarm Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pernicious Anaemia — Interval Between Onset and Death: 2 yrs.

2100 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senral arteriosclerosis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1940, to Feb 22, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) ADDRESS Fork Md DATE SIGNED 2/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 2-25-52 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) Glenarm | (State) Md.

DATE REC'D BY LOCAL REG. 2-23-52 | REGISTRAR'S SIGNATURE C. E. Luther

24. FUNERAL DIRECTOR C. E. Luther ADDRESS Fork Md

D. L.

RECEIVED
MAR 4 1952
BUREAU V. S.

01489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 mi N. Freeland.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Freeland.
STREET ADDRESS (If rural, give location) 2 mi N. Freeland.

3. NAME OF DECEASED (Type or Print): (First) Catharine (Middle) (Last) Smith.

4. DATE OF DEATH: (Month) February (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow.

8. DATE OF BIRTH: Sept 30 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Seven Valleys, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Blouse.

14. MOTHER'S MAIDEN NAME: Mary Combs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joseph Smith. - Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Decease — Interval Between Onset and Death: 5 years

4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1952, to 2-8, 1952, that I last saw the deceased alive on 1-31, 1952 and that death occurred at 1:45A m., from the causes and on the date stated above.

SIGNATURE: Louis Schatanoff (Degree or title) M.D. ADDRESS: New Freedom, Pa DATE SIGNED: 2-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Febr 11 1952

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Freeland, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 2/9/52

REGISTRAR'S SIGNATURE: Chester L. Fenton

24. FUNERAL DIRECTOR: Jacob Bortenstein ADDRESS: New Freedom, Pa.

VS. A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB
B J V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 52

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1800 Edmondson Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
HENRY	(NMI)	SPANN	February 28 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	8-18-94	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer - Contractor	Construction	Manning, South Carolina	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Spann	Lilly Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HYPERTENSIVE ARTERIOSCIEROTIC CARDIO-VASCULAR	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) DISEASE. CHRONIC NEPHRITIS	3 yrs
	DUE TO (c)	

5792X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb.27., 19.52., to Feb.28., 19.52. [illegible] and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE I. Freeman (DEGREE OR TITLE) IRVING FREEMAN, M.D. ADDRESS VAH, Fort Howard,Md. DATE SIGNED 2-29-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/4/52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3/4/52	W. Medical Doctor	Adolphus Halstead Funeral Home 918 Druid Hill Ave., Baltimore,Md.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County; LENGTH OF STAY (In this place) 21 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Hopkins Road. — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County.; STREET ADDRESS (If rural, give location) 409 Hopkins Road

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) WALLACE (Last) SPENCER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 25 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professor

10b. KIND OF BUSINESS OR INDUSTRY: College

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Guthrie Spencer.

14. MOTHER'S MAIDEN NAME: Rachel Crawford Hayes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Frances Spencer Young. 409 Hopkins Rd Baltimore 12, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart disease	10 yrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yrs.
	(c) Senility	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None; (CITY OR TOWN) —; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 14 1952, to Feb 19 1952, that I last saw the deceased alive on Feb 18 1952, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE: A.S. Ingraham M.D. (Degree or title) ADDRESS: 6210 York Road, Baltimore 12, Md. DATE SIGNED: Feb 19 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 2-22-1952; NAME OF CEMETERY OR CREMATORY: RIVERSIDE CEM.; LOCATION (City, town, or county) (State): ALMA MICH.

DATE REC'D BY LOCAL REG. 2/19/52; REGISTRAR'S SIGNATURE: A.W.Hedrich; 24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS: 4905 YORK ROAD

DMR

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
MARYLAND — LENGTH OF STAY (In this place): 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 Chatsworth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): 21 Chatsworth Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Squirrel (Squeel)

4. DATE OF DEATH: (Month) Feb. (Da) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Appros. 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nichols Squirrel

14. MOTHER'S MAIDEN NAME: Charlotte Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-32-3170

17. INFORMANT AND ADDRESS: Miss Elizabeth N. Harvey, Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Disease — Interval between onset and death: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. D. Caplis — (Degree or title) Deputy. Med Exam. M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: Feb. 18, '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 19, 1952 — NAME OF CEMETERY OR CREMATORY: St. Luke's Cemetery — LOCATION (City, town, or county) (State): Reisterstown Md.

DATE REC'D BY LOCAL REG.: 2-20-52 — REGISTRAR'S SIGNATURE: Mary B. Slonie.

24. FUNERAL DIRECTOR — ADDRESS: Wm. Berryman & Sons, Reisterstown, Md.

VS. ALBA

FEB 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11493

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore-19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover Pk | LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1113. H. Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE AS COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IN.
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) ETTA (Middle) ARVILLA (Last) STEEL
4. DATE OF DEATH: (Month) FEB. (Day) 25 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: APR. 9. 1865
9. AGE last birthday: 86. yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY: Iron home
11. BIRTHPLACE (State or foreign country): Western Star. Ohio.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: DR. JOSEPH C. DREHER.
14. MOTHER'S MAIDEN NAME: ELIZABETH. WEAVER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT: CLARENCE STEEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CEREBRAL. HEMORRHAGE.	52 hours
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	HYPERTENSIVE CARDIO-VASCULAR. DISEASE.	11 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR 21, 1950, to FEB 25, 1952, that I last saw the deceased alive on FEB 25, 1952, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M.D. 6908 North Point Rd. Balt-19. FEB 25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/28/52 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: Feb. 28, 1952 | REGISTRAR'S SIGNATURE: William M. Kelly Jr. | 24. FUNERAL DIRECTOR: Ulman Funeral Home | ADDRESS: 2112 Dundalk

VS. A-5

RECEIVED
MAR 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Parkville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
2211 Taylor Ave. Parkville, Md.
How long in hospital or institution? 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County Anne Arundel
City or town Annapolis Junction
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mrs. Nettie Steiner Stephens

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: ~~Thos~~ George Stephens
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 16, 1869

8. AGE: Years 82 | Months 6 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Alexandria, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER 12. Name: George F. Steiner
13. Birthplace

MOTHER 14. Maiden name: Amanda M. Simms
15. Birthplace

16. Informant: Miss Minnie Steiner
Address: Annapolis Junction Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Feb 12 1952 (month) (day) (year)
Cemetery or crematory: Savage Cemetery
Location: Savage, Maryland

18. Funeral director: DeWitt Donaldson
Address: Laurel, Maryland

19. Feb 11th 1952 (Date rec'd by registrar)
Dora Koslusk
Dr. A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 10, 1952 at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 1952 to Feb. 10 1952 and that I last saw her alive on Feb. 9 1952

Immediate cause of death	DURATION
Cerebrovascular Accident	4 hrs.
Due to: Arteriosclerotic Heart Disease	?
Due to: Generalized Arteriosclerosis	?
Other conditions: 4-W.J.	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph LiPuma M.D.
M. D. or other
Address 8400 Loth Raven Blvd Date signed 2-10-52

RECEIVED
FEB 26 19
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills; LENGTH OF STAY (In this place): 16 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Owings Mills); STREET ADDRESS (If rural, give location): Rosewood State Training Sch.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) O. (Last) Stevenson

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-22-'29

9. AGE Last birthday: 22 yrs. If under 1 year: Months 1, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oristis A. Stevenson

14. MOTHER'S MAIDEN NAME: Mary Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mr. & Mrs. Oristis Stevenson 12-6 W. Fayette St., Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) plus

(c)

490.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Microcephalic Idiot since birth

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caplis (Degree or title): Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: Feb 15 '52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 2-15-52 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Richmond, Virginia

DATE REC'D BY LOCAL REG.: 2-14-52 REGISTRAR'S SIGNATURE: Mrs. Mary Elene

24. FUNERAL DIRECTOR ADDRESS: George L. Schwab, 2101 Frederick Ave., Baltimore, Maryland

VS. A15A

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of the Fires 13 Hunting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gongers
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
Anthony		Sturiale	Feb.	19	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 14, 1864	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Portable Liquor	Business	Italy	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
------Sturiale	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Dr. Alberto Bruccoli, 1729 W. Lombard St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	2 da.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 20, 1951, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 6-10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilson K. Gallagher	M.D.	Catonsville-28, Md.	2/20/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-52	Mt. Olivet Cemetery	Depot, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/52	C. W. Hedrick	Harry A. Luckie	131 Division St.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville Md
LENGTH OF STAY (in this place): 10 yrs 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Homes

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 31 Colonial Ave

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) May (Last) Sullivan
4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: Aug 10 - 1868
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pottsville Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William W. Wainwright
14. MOTHER'S MAIDEN NAME: Mary Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Masonic Homes
Laura M Schroeder per Christina P. Tipton

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis	½ hr
420 1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Jan 30, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 2-1-52 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Cox M.D. (Degree or title) ADDRESS: Cockeysville Md DATE SIGNED: 2-1-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE: 2-3-52 — NAME OF CEMETERY OR CREMATORY: Criders — LOCATION (City, town, or county) (State): Westminster Md

DATE REC'D BY LOCAL REG.: 2-1-52
REGISTRAR'S SIGNATURE: Laura M Schroeder per Christina P. Tipton
24. FUNERAL DIRECTOR: Wm Cook — ADDRESS: St Paul + Preston

RECEIVED
FEB 4 1952
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ REGISTRAR No. ___ DATE 2/4/52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glencoe
LENGTH OF STAY (In this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glencoe
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MINNETTA (Middle) Allison (Last) THOMPSON

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 19[illegible]7

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Aug 20, 1921

9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stable Groom

10b. KIND OF BUSINESS OR INDUSTRY: Private

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jacob Allison

14. MOTHER'S MAIDEN NAME: Ollie Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harry F. Thompson, Glencoe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Interval: 1 hr.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: 1 PREGNANCY. ABOUT 32 wks.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. M. Fraver (Degree or title) MD ADDRESS: Parkton Md DATE SIGNED: 2/15/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb. 17, 1957
NAME OF CEMETERY OR CREMATORY: Mt. Carmel
LOCATION (City, town, or county) (State): Carleton R.F.D. Balto. Co. Md

DATE REC'D BY LOCAL REG.: Feb 18, 1957
REGISTRAR'S SIGNATURE: M. Elizabeth Dorsett

24. FUNERAL DIRECTOR: Landon M. Edwards, Sparks, Md. ADDRESS:

Item 4 Film G13y 3/28/52 vhw

01499

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Depty Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4656 Pimlico Rd

3. NAME OF DECEASED: (Type or Print) (First) Elbert (Middle) H (Last) Thomson

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	Jan 9 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Shipping Clerk	Bag Mfg.	Baltimore	U S

13. FATHER'S NAME: William M Thomson

14. MOTHER'S MAIDEN NAME: Minnie J. Greg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	?	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cirrhosis — Liver — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Starvation — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3/4 yr

571.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME (Month) (Day) (Year) (Hour) M. OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
0		

22. I hereby certify that I attended the deceased from Oct-1, 19 57, to Feb-19, 19 52, that I last saw the deceased alive on Feb-18, 19 52, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
V. Floyd Johnson	M.D	Catonsville, Md.	2/20/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-22-52	Lorraine Park	Bowie	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/22/52	V E Harvey	Howard H Hilliard	2503 Edmondson Ave

RECEIVED
FEB 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Violetville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1105 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Violetville
STREET ADDRESS (If rural, give location): 1105 Taylor Ave.

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) V. (Last) TILTON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1952 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 9, 1888

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ida. V. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Amos A. Davis Jr. 1105 Taylor Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Breast — Interval between onset and death: 5 yrs.

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma - Lungs. + Brain.

19a. DATE OF OPERATION: about 5 yrs ago

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Breast.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/4/51, 19 51, to February 12, 19 52, that I last saw the deceased alive on 2/10, 19 52, and that death occurred at 2.05 P. m., from the causes and on the date stated above.

SIGNATURE: John C. Schmuck (Degree or title) M.D. ADDRESS: 1337 S. Charles St. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/15/52 — NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 2/14/52 — REGISTRAR'S SIGNATURE: C W Hebrid

24. FUNERAL DIRECTOR — ADDRESS: [illegible] Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 2918 Cornwall Road

3. NAME OF DECEASED (Type or Print): (First) MADELINE (Middle) LENORE SHIMER (Last) VanVECHTEN
4. DATE OF DEATH: (Month) February (Day) 7, (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 4-14-1894
9. AGE last birthday: 57 yrs. If under 1 year: Months 9 Days 24 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): saleslady
10b. KIND OF BUSINESS OR INDUSTRY: retail
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U. S.
13. FATHER'S NAME: George Shimer
14. MOTHER'S MAIDEN NAME: (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

190 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) right side hemiplegia

(c) Malignant Melano Epithelioma right 4th toe (4) toe

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: advised Oct. 1951. Biopsy of inguinal gland was negative for malignancy

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title): Clifford McKie for McClellan Ballou, M.D. | ADDRESS: 1010 Leader | DATE SIGNED: 2-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 10 1952 | NAME OF CEMETERY OR CREMATORY: Core Union Cemetery | LOCATION (City, town, or county) (State): Mechanicsburg, Penn.

DATE REC'D BY LOCAL REG. 2/8/52 | REGISTRAR'S SIGNATURE: C E Harry | 24. FUNERAL DIRECTOR: Mc Nabb and Son | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 549

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 805 Vine Street

3. NAME OF DECEASED: (First) WALTER (Middle) (NMI) (Last) WASHINGTON
4. DATE OF DEATH: (Month) February (Day) 11 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-28-93
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Vte Clnk
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Ida Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED,		UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO ACTIVE		
	(b) DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb.4, 1952., to Feb.11, 1952., [redacted] and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman (DEGREE OR TITLE) ADDRESS: IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 2-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/15/52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REG. 2/13/52
REGISTRAR'S SIGNATURE: A W Bohnert
24. FUNERAL DIRECTOR: Charles R. Law
ADDRESS: 802 Madison Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

593

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; STREET ADDRESS (If rural, give location) Valley Road

3. NAME OF [redacted] (Type or Print): (First) Mary (Middle) Eleanor (Last) Wast

4. DATE OF DEATH (Month) Feb. (Day) 26, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Wast

14. MOTHER'S MAIDEN NAME: Barbara Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Albert Burnham, Brooklandville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Years

(c) Arterial Hypertension — Years

420 /

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7 years, to Feb 26, 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: Dr E E Nichols (Degree or title) ADDRESS: Pikesville 8 Md DATE SIGNED: Feb 27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Grace Methodist Cemetery — LOCATION (City, town, or county) (State): Chestnut Ridge, Balto Co. Md.

DATE REC'D BY LOCAL REG.: Feb 27-52 — REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR: John Burns' Sons — ADDRESS: Towson, Md.

VS. A15

RECEIVED
FEB 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Newburg Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 115 Newburg Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) W. (Last) WATSON

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 17, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Art Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Art

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Watson

14. MOTHER'S MAIDEN NAME: Kate ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-8188 A

17. INFORMANT AND ADDRESS: Mr. Albert R. DeFord - 3501 St. Paul St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 da.

442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular-Renal Disease — 15 yr.

177 X (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of Prostate — 5 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1943, to Feb. 21, 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 7.50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville-28, Md. 2-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/25/52

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Aschner & Sons

ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1505

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: 4

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 119 Patapsco Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural give location): 119 Patapsco Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) V. (Last) Weber

4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 18, 1887

9. AGE last birthday: 64 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Weber

14. MOTHER'S MAIDEN NAME: Mary T.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Minnie Weber 119 Patapsco Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 hr

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to Feb. 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene R. Evans, M.D. 1 Liberty Parkway Feb 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb. 4, 1952

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: Feb-2-1952

REGISTRAR'S SIGNATURE: William M. Kelly Jr.

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 212 Dundalk Ave.

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BEGIN RESERVE FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 W. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 12 W. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) ETTA (Middle) (Last) WEIS

4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 17, 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: AtHome

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Mrs. Cavey, 12 W. Joppa Rd., Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Failure	
194X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Thyroid	Oct. 1951
	(c) Tracheotomy Nov 1951	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Feb 16, 1952 that I last saw the deceased alive on Feb 16, 1952, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE: Tho. F. Sedlack, M.D. (Degree or title) ADDRESS: 200 W. Penna Ave Towson Md DATE SIGNED: 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: Feb. 22, 1952 | NAME OF CEMETERY OR CREMATORY: Monte Maria Cemetery | LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG.: Feb. 21, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray | 24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Md.

BUREAU V. S.
1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Baltimore (Catonsville)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 yrs.
Hospital, Institution, or street address where death occurred:
110 Montrose Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Baltimore (Catonsville)
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 110 Montrose Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary C. Wenger

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or wife: John C. Wenger
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 11, 1861

8. AGE: Years	Months	Days	If less than one day
90			hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

MOTHER
12. Name: Mary Mayer
13. Birthplace: Balto. Md.

FATHER
14. Name: Casper C. Neuberth
15. Birthplace: Balto. Md.

16. Informant: Miss Lydia Starke
Address: 110 Montrose Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 16, 1952 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Old Frederick Rd. Balto. Md.

18. Funeral director: KRAUSE FUNERAL HOME
Address: 1216 S. Charles St. Balto. 30

19. 2/15/52 (Date rec'd by registrar) 19
A.W. HEDRICH Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/14/52 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1950 to 2/14/52 and that I last saw him alive on 2/10/52

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to: Cardiac Vascular Renal Disease	
Due to:	
Other conditions: Senility 426.1	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A.H. Crawford M. D. or other
Address: 420 2nd Ave. Date signed: 2/15/52

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston. LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Carroll (Last) Wessells
4. DATE OF DEATH: (Month) Feby (Day) 25 (Year) 52
5. SEX: Fem.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Widow.
8. DATE OF BIRTH: Sept 18/1894
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Harford Co
12. CITIZEN OF WHAT COUNTRY: USA.
13. FATHER'S NAME: James Perry Carroll
14. MOTHER'S MAIDEN NAME: Susanna Curry.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Else Carroll Wessells.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Aspiration Paralysis muscle of respiration	Hours
356.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myasthenia.	
	(c) Generalized paralysis	Yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Feby 2 25 52 2 P.M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. Learmonth M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md. 2/25/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL. DATE THEREOF: 2-27-1952. NAME OF CEMETERY OR CREMATORY: CHESTNUT GROVE. LOCATION (City, town, or county) (State): SWEET AIR MD.
DATE REC'D BY LOCAL REG: 2/27/52. REGISTRAR'S SIGNATURE: A W Beard
24. FUNERAL DIRECTOR ADDRESS: H. W. JENKINS & SONS CO. 4905 YORK ROAD BALTO. 12, MD.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

44

Reg. Dist. No. 5(14)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 36 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY A.A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills

STREET ADDRESS (If rural, give location): Pine Grove Inn ✓

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) A. (Last) WHITE

4. DATE OF DEATH: (Month) February (Day) 15 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White		8-30-92	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tavern Owner		Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Francis White	Elizabeth Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WWI	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MASSIVE GASTRO-INTESTINAL HEMORRHAGE, DURATION UNKNOWN

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ESOPHAGAL VARICES, DURATION UNKNOWN

DUE TO

(c) NODULAR CIRRHOSIS, DURATION UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 10, 1952, to Feb. 15, 1952, [illegible] and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Thomas C. Stansbury, Jr., M.D. Veterans Administration Hosp., Ft. Howard, Md. 2-15-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-18-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/52	A.W.Hedrich dmr.	Howard Blight Funeral Home	6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Registered No. 4514

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BERTHA WILHELMINA WICK
2. DATE OF DEATH: 2/15/52
3. PLACE OF DEATH: Baltimore City, Maryland
   B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARADISE NURSING HOME
   PARADISE & ALTAMONT - CATONSVILLE
   c. Length of stay in Baltimore Co.: Yrs. 6 Mos. Days
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
   A STATE: MD
   B. COUNTY:
   C CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE
   D. STREET ADDRESS (If rural, give location): 10 S. CALHOUN ST.
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE MARRIED WIDOWED DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 5/21/1879
9. AGE (In years last birthday): 72
   If Under 1 Year: Months Days
   If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS
10B. KIND OF BUSINESS OR INDUSTRY: DRESS MAKING
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
    (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 218-10-6956A
17. INFORMANT: FAMILY RECORDS
    ADDRESS:

MEDICAL CERTIFICATE

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,
(A) Arterio sclerotic cardio vasc. renal disease — INTERVAL BETWEEN ONSET AND DEATH: 1 y

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Senility

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: NO
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1952 *to* Feb 14, 1952 *that I last saw the deceased alive on* Feb 12, 1952 *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magness M. D.
23B. ADDRESS: Catonsville 28 Md
23C. DATE SIGNED: 2-14-52

24A. BURIAL, CREMATION REMOVAL (Specify): BURIAL
24B. DATE: 2/16/52
24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK
24D. LOCATION (City, town, or county) (State): BALTO. Md.

DATE RECEIVED BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR:
ADDRESS:

REG.

PLEASE WRITE PLAINLY, WITH UNFADING INK. The entry of information should be carefully supplied. The correctness of this item is especially important. Physicians the causes of death clearly and legibly.

MARRIED BRIDEGROOM NOT NAMED

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 20 yrs. 11 mths. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Light and Camden St.

3. NAME OF DECEASED (Type or Print): (First) ALBERT, (Middle) (Last) WILDT
4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	single	July 2, 1876	75 yrs.	7	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
luncheon attendant	sales	Maryland	U.S.

13. FATHER'S NAME: August Wildt
14. MOTHER'S MAIDEN NAME: Matilda (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Hospital Records, Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure
422.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	1010 Leadenhall	2/4/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/6/52	[illegible]	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/52	H.W. Hedrick	[illegible]	

DMK

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Wachlhii Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 108 Wachlhii Ave.

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) Edward (Last) Wilkinson

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 15 1884

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwork

10b. KIND OF BUSINESS OR INDUSTRY: millwork

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: unknown to informant

14. MOTHER'S MAIDEN NAME: Unknown to informant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unknown to informant

17. INFORMANT: Son - Raymond Wilkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden
420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary heart disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none — (CITY OR TOWN): none — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 1, 19 49, to 23 Feb, 19 52, that I last saw the deceased alive on 13 Feb, 19 52, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Jordman	MD	1334 Sulphur Spring Road.	23 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	February 26 1952	Loudon Park	Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/25/52	[illegible]	Joseph F Cushree	1324 Sulphur Spring Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford
LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Falls Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford
STREET ADDRESS (If rural, give location) Big Falls Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	W.	Williams	Feb	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	C	Married	Nov. 20, 1871	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Public Schools	West Virginia	U. S. A.

13. FATHER'S NAME: William Williams
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Annie Williams - Big Falls Rd. Monkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Multiple Fractures of body	
812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Hereford	Balto.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Feb	8,	1952	8 P.M.		Struck by Automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Parkton, Md.	2/9/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
(Burial)	2/12/52	St. Lukes	Monkton, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-11-52	A. C. Redmiles	W. I. Chatman, Jr.	1201 McCulloh St. Balto. Md.

It. 14 Fi. 6. 9 2/1.52 mw

1951

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

COUNTY Balto * ... MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place): 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

STREET ADDRESS (If rural, give location) Howard & Oak Ave

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) MARTIN (Last) WORKMAN

4. DATE OF DEATH: (Month) FEB (Day) 4 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	MAY 7 1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
STOCKKEEPER		KENTUCKY	

13. FATHER'S NAME: SAMUEL'S WORKMAN

14. MOTHER'S MAIDEN NAME: Cynthia Chaffers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		MARY B. WORKMAN Howard & Oak Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Sudden
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive C-V Disease	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Previous Cerebral Hemorrhage August 1951

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 47, to Feb, 19 52, that I last saw the deceased alive on Feb 1, 19 52, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE Robert E. Farber (DEGREE OR TITLE) M.D. ADDRESS Spencers Point, Md DATE SIGNED 2-7-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 8-52	Oaklawn Cemetery	7235 Eastern Ave

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 7-52	Dawson L. Parker	Ellsworth Armacost	4600 Liberty Hgts Ave

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 11 1952
LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(3513)

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1924 Quecnsray

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 1924 Quecnsray

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Katherine	L.	Lynn	Feb. 14, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan 21, 1880	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Penna	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Sober	Abagail Furman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		James L. Lynn 105 S. Post ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	PNEUMONIA. - TERMINAL	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CEREBRO VASCULAR ACCIDENT	2 days
(c)	HYPERTENSIVE C.V. DIS.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 14, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952 and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen C. Machoniak	M.D.	6714 Holabird Ave	2/15/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 19, 1952	Oak Lawn	Colgate, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 19 1952	Norman M. Kelly, Jr.	Ulrich Funeral Home	611 Dundalk ave.

VS A15

RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01516

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 132 Newburg Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: London Park
STREET ADDRESS (If rural, give location): 132 Newberg ave.

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) — (Last) YOUNG.

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: AUG-8-1863

9. AGE last birthday: 88 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John S Young

14. MOTHER'S MAIDEN NAME: Jane Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Bertha Young 132 Newburg Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchio-Pneumonia	3 Days.
Antecedent cause(s)	(b) Arteriosclerosis	4 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Rheumatic Heart	

416 ✗

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1928, to Feb 15, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Mowbray Ford — ADDRESS: 22 S. Bryan St — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: 2/19/52 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Frederick Road

DATE REC'D BY LOCAL REG. 2-19-52 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: George G. Farley — ADDRESS: Catonsville Md

FEB 21 1952
BUREAU V. S.

01517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 17 yrs. 8 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Owings Mills

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) Josephine (Last) Zimmer

4. DATE OF DEATH: (Month) (Day) (Year) February 10 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 25, 1924

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: pt. in hosp.

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David B. Zimmer

14. MOTHER'S MAIDEN NAME: Julia M. LaBuda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Hospital records, Rosewood, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia secondary to bronchitis — Interval Between Onset and Death: 11 days

501X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 19 52, to 2-10-52, 19 ....., that I last saw the deceased alive on 2-10, 19 52, and that death occurred at 2 P.M. m., from the causes and on the date stated above.

SIGNATURE: George C. Medairy M. D. (Degree or title)

ADDRESS: Rosewood St. Tr. School

DATE SIGNED: 2-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 12, 1952

NAME OF CEMETERY OR CREMATORY: Rosewood

LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG. 2-11-52

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md.

ADDRESS

RECEIVED
FEB 21 1952
BUREAU V. S.